

**Tax Data Questionnaire 2002**  
*The Stewardship Services Foundation (661) 254-4370*  
 Please see page 4 and following regarding what to include  
 with this questionnaire.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Note: Part-year residents must answer question #18, page 6.**

Email Address \_\_\_\_\_

School District \_\_\_\_\_ County \_\_\_\_\_

Home Telephone \_\_\_\_\_ Marital Status \_\_\_\_\_

Husband's Occupation \_\_\_\_\_

Name of Church \_\_\_\_\_ Telephone \_\_\_\_\_

Dependents (Do not include yourself or your spouse; list only those you wish to claim.)

Name	SSN (required)	Birth Date	Relation- ship	2002 Gross Income	*Full-Time College Student
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If yes, please fill in the bottom of page 7.

**Income from Church (Non-ministry income, see page 2)**

1. Salary not including housing allowance  
(should equal W-2, block 1) ..... \$ \_\_\_\_\_
2. Unused housing allowance (not included in W-2, block 1) . . . . \$ \_\_\_\_\_
3. Amount of used housing allowance paid from your  
salary and not included in your W-2, block 1 ..... \$ \_\_\_\_\_
4. *The total of items 1, 2 and 3 should equal the total cash  
salary received from church for the year.* ..... \$ \_\_\_\_\_
5. *The total of items 2 and 3 should equal the amount  
of the approved housing allowance for the year.* ..... \$ \_\_\_\_\_

**Church-Owned Parsonage** (if applicable)

List the annual Fair Market Rental Value (FMRV) of the parsonage including any utilities paid by the church. Pro-rate if occupied only part of the year. .... \$ \_\_\_\_\_

**USE THIS SECTION FOR TAX PREPARATION**

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

The Stewardship Services Foundation, 21726 Placerita Canyon Road, Santa Clarita, CA 91321

**Other Income (not listed on page 1)**

Your income (include W-2s or explanation) . . . . . \$ \_\_\_\_\_

Spouse income (include W-2s or explanation) . . . . . \$ \_\_\_\_\_

Interest income (if over \$400, itemize on question #12, page 4) . . . . \$ \_\_\_\_\_

Dividend income (see question #12, page 5) . . . . . \$ \_\_\_\_\_

2001 state and city income tax refund received in 2002 . . . . . \$ \_\_\_\_\_

Honorariums from weddings, funerals, etc. . . . . See question #13, page 5

Did you receive a pension, annuity or IRA distribution (include 1099-R)?  Yes  No

Amount . . . . . \$ \_\_\_\_\_

Did you use the money for a first-time home purchase, medical bills or children's college tuition (only applies to IRA)? . . . .  Yes  No

Are you over the age of 59½? . . . . .  Yes  No

Did you roll this into another pension within 60 days? . . . . .  Yes  No

Did you convert your IRA to a ROTH in 2002? . . . . .  Yes  No

**Individual Retirement Accounts (IRA)**

Amount deposited by you for 2002 (not deposited by employer):

Husband's IRA (not a ROTH or 403-b) . . . . . \$ \_\_\_\_\_

Wife's IRA (not a ROTH or 403-b) . . . . . \$ \_\_\_\_\_

**Automobile Expenses (do not include if reimbursed)**

Commuter mileage is non-business; churches cannot reimburse.

Total miles driven for 2002 . . . . . \_\_\_\_\_

Total business miles driven . . . . . \_\_\_\_\_

Was the vehicle used for commuting? . . . . .  Yes  No

If so, what is the round-trip commute? \_\_\_\_\_ Total commute miles? \_\_\_\_\_

Is another vehicle available for personal use? . . . . .  Yes  No

**Does the church own the vehicle you are driving?** . . . . .  Yes  No

If yes, please include the market value when it was made available, and the number of days in 2002 it was in your possession for your use.

Market value . . . . . \$ \_\_\_\_\_

Number of days . . . . . \_\_\_\_\_

Percent of personal use . . . . . \_\_\_\_\_

Has the value been included in your W-2? . . . . .  Yes  No

You must have adequate records or sufficient written evidence to justify any automobile deduction.

**Professional Expenses** (List only unreimbursed expenses related to your W-2 church income. *Do not complete if reimbursed. Do not duplicate expenses on page 5, question 13.*)

Office supplies ..... \$ \_\_\_\_\_  
 Religious materials ..... \$ \_\_\_\_\_  
 Subscriptions and dues..... \$ \_\_\_\_\_  
 Seminars, conferences, motels and lodging ..... \$ \_\_\_\_\_  
 Educational expenses..... \$ \_\_\_\_\_  
 Business telephone (long distance only) ..... \$ \_\_\_\_\_  
 Meals for entertainment ..... \$ \_\_\_\_\_  
 Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_

**Schedule A: Itemized Deductions**

**Medical and Dental Expenses**

Total medicine, drugs, insurance premiums paid by you, doctors, dentists, hospital bills, hearing aids, eyeglasses, etc. .... \$ \_\_\_\_\_  
 Medical miles driven ..... \_\_\_\_\_ miles

*(Do not include expenses covered by insurance.)*

**Taxes**

State and local income taxes—we will calculate for you.

Real estate tax on home or property (not a rental)..... \$ \_\_\_\_\_  
 Annual automobile registration fee (not sales tax); show total amount paid, listing each auto separately ..... \$ \_\_\_\_\_

**Interest Expense**

Home mortgage interest (not a rental) ..... \$ \_\_\_\_\_

**Contributions**

Cash contributions (include SSF gift) ..... \$ \_\_\_\_\_  
 Pocket change (Sunday school, Awana, missionary groups)..... \$ \_\_\_\_\_  
 Charitable miles @ \$.14 per mile ..... \$ \_\_\_\_\_  
 Value of items given away (if over \$500, we will include Form 8283 for you to complete)..... \$ \_\_\_\_\_  
**Total Contributions**..... \$ \_\_\_\_\_

**Miscellaneous Deductions**

Union dues ..... \$ \_\_\_\_\_  
 Uniforms ..... \$ \_\_\_\_\_  
 Safe deposit box ..... \$ \_\_\_\_\_  
 Income tax preparation paid for 2001 taxes ..... \$ \_\_\_\_\_

**Tax Data Checklist**

1.  I've included my 2001 tax return unless SSF prepared my 2001 return.
2.  I've included all 1099s and W-2s. Keep photocopies for yourself and send us all originals. (If you send us any other documents or materials, we suggest you keep the originals, and send us copies as they will be kept on file.)
3.  I've included the address labels from my 1040 booklet and any state tax forms including the state booklet. (Do not remove from adhesive backing.)
4. If you bought or sold a home in 2002, please include the closing/settlement statement(s).  
 Did you live in the home you sold for at least two of the past five years?  
 Yes    No
5. Are you exempt from Social Security taxes and have you filed Form 4361?  
 Yes (Please send a copy for our files)    No
6. Are you licensed, commissioned or ordained?    Yes    No
7. Did you refinance your home?    Yes    No  
 If yes, what is the length of the loan in years? \_\_\_\_\_ (Include closing settlement statement.)
8. Did you incur moving expenses due to a job change?    Yes    No  
 (Give details on a separate sheet. Do not include if reimbursed.)
9. Did you have rental income and expenses from a house or apartment you rent to someone?    Yes    No (Give details on separate sheet.)
10. Are you retired and receiving Social Security benefits?    Yes    No  
 If yes, how much did you receive in 2002?  
 Husband: \$ \_\_\_\_\_   Wife: \$ \_\_\_\_\_   *Include statements.*
11. List interest income for 2002 (enclose all 1099 INT statements); itemize if over \$400.

Source	Amount

Note: If the above income is from a seller-financed mortgage, include the Social Security number and address of the buyer.

12. Dividend income. **Enclose all 1099 DIV statements.** It is important to send your statements for accurate reporting purposes.
13. Did you incur miscellaneous business income and **related** expenses for 2002? Do not include amounts on W-2s or expenses listed on pp. 2-3 that relate to your church income. List income by source and include any 1099-MISC forms.

**Schedule C**

Income	Amount	Husband or Wife?	Expenses *	Amount	Husband or Wife?
Honorariums		H <input type="checkbox"/> W <input type="checkbox"/>	Motels & Lodging		H <input type="checkbox"/> W <input type="checkbox"/>
Commissions		H <input type="checkbox"/> W <input type="checkbox"/>	Business Mileage (list number of miles)		H <input type="checkbox"/> W <input type="checkbox"/>
Babysitting		H <input type="checkbox"/> W <input type="checkbox"/>	Office Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Odd Jobs		H <input type="checkbox"/> W <input type="checkbox"/>	Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Services		H <input type="checkbox"/> W <input type="checkbox"/>	Meals & Entertainment		H <input type="checkbox"/> W <input type="checkbox"/>
Miscellaneous		H <input type="checkbox"/> W <input type="checkbox"/>	Business Telephone		H <input type="checkbox"/> W <input type="checkbox"/>
			Miscellaneous		

\* Do not duplicate expenses shown on page 3.

14. Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2002 for which you received a 1099-B? You must include the following information to supplement your 1099-B.

**Schedule D**

Description	Date Purchased	Basis*

\* This is usually the amount of the original purchase or investment. Most of the time your investment company (e.g., Merrill Lynch, Dean Witter) will be able to provide this figure. Because of confidentiality laws, you must call your investment company yourself.

15. Did you pay interest on a student loan in 2002 that you were legally responsible for? If so, how much? \$ \_\_\_\_\_

**TAX DATA QUESTIONNAIRE 2002**

16. Childcare expenses while you both worked or looked for work. Persons or organizations providing the care (nursery and kindergarten tuition/fees may qualify for the credit).

Name of Person Providing Care	Address	Social Security Number	Amount

17. Amount deposited as estimated federal and state tax for 2002. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2001	\$		\$	
1st Quarter April 15	\$		\$	
2nd Quarter June 17	\$		\$	
3rd Quarter September 16	\$		\$	
4th Quarter January 15	\$		\$	
Paid with Extensions	\$		\$	
<b>Total Deposits</b>	\$		\$	

18. **Part-year residents, list all your income by state and dates of residency.**

<i>State</i>	<i>Dates</i>	<i>Income</i>
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____
_____	—	\$ _____

19. What is your total anticipated income for 2003?

Cash salary from church (not including housing allowance) . . . . . \$ \_\_\_\_\_

Cash housing allowance (buying or renting) . . . . . \$ \_\_\_\_\_

Other income (list source) . . . . . \$ \_\_\_\_\_

Spouse income (list source) . . . . . \$ \_\_\_\_\_

**Total Income** . . . . . \$ \_\_\_\_\_

Annual church-owned parsonage rental value . . . . . \$ \_\_\_\_\_

Annual parsonage utilities provided and paid by church . . . . . \$ \_\_\_\_\_

How many children will you claim in 2003? . . . . . \_\_\_\_\_

***For Those in Post-Secondary Education***  
(you must determine the amounts)

Students who have tuition and fees, purchase required books, and attend a degree-granting institution qualify for the following credits. Does not include room and board.

**Student Loan Interest:** See question #15, page 5.

**HOPE Scholarship:** For you or any dependents who are enrolled at least half-time, and as of January 1, 2002, had not completed two years of college.

Name of Student	Tuition, Class Fees, and Books <i>(less grants, scholarships and other tax-free educational assistance)</i>	What Year in College? <i>(as of January 1, 2002)</i>
_____	\$ _____	_____
_____	\$ _____	_____

**Lifetime Learning Tax Credit:** For you or any dependents who are college juniors, seniors, seminary students, professional students and those making career changes (also for those who do not qualify for the HOPE scholarship because they are not at least half-time).

Name of Student	Tuition, Class Fees, and Books <i>(less grants, scholarships and other tax-free educational assistance)</i>	What Year in College? <i>(as of January 1, 2002)</i>
_____	\$ _____	_____
_____	\$ _____	_____

**Miscellaneous State Questions**

**California**

Did you pay rent for at least six months in 2002? .....  Yes  No

Teacher Retention Credit: credential date: \_\_\_\_\_

credential number: \_\_\_\_\_

**Indiana**

If you are a renter, list the dates rented, amounts paid  
and the name and address of your landlord: \_\_\_\_\_

How many vehicles do you own? \_\_\_\_\_

Are they registered in Indiana? .....  Yes  No

**Illinois & Iowa**

If children K-12, amount paid for tuition and textbooks; itemize  
per dependent (Does not apply to homeschoolers in Iowa.) ..... \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Kentucky**

Amount you paid (not your employer) for medical insurance premiums .. \$ \_\_\_\_\_

**Maine**

List total out-of-state purchases ..... \$ \_\_\_\_\_

**Michigan**

Renters - list amount paid. .... \$ \_\_\_\_\_

Homeowners - list state equalized value ..... \$ \_\_\_\_\_

List the college(s) your child(ren) attended: \_\_\_\_\_

**Minnesota**

If children K-12, amount eligible for Minnesota Education Credit;  
itemize per dependent. .... \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Montana**

Amount you paid (not your employer) for medical insurance premiums .. \$ \_\_\_\_\_

**New Jersey**

Number of dependents attending college? ..... \_\_\_\_\_

If you own your home, you need to fill out Form HR-1040 of your state return.

**Oregon**

Political contribution credit ..... \$ \_\_\_\_\_

**Wisconsin**

Total rent paid in 2002. .... \$ \_\_\_\_\_

Is heat included? .....  Yes  No