

Tax Data Questionnaire 2004

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: If you lived in more than one state, please answer question #14, page 6.

Email Address _____

School District _____ County _____

Home Phone _____ Cell Phone _____

Occupation: Husband _____ Wife _____

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	2004 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 top of page 7.

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

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

PULL OUT THIS GREEN 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) \$ _____
 Spouse income (include W-2s) \$ _____
 2003 state and city income tax refund received in 2004 \$ _____
 Interest income (if over \$1,500, itemize below) \$ _____

Source of Interest Income	Amount

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

Dividend income. **Enclose all 1099 DIV statements.** It is important to send your statements for accurate reporting purposes.

Did you incur miscellaneous business income and **related** expenses for 2004? Do not include amounts on W-2s or expenses listed on pp. 3-4 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"/>	Office Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Babysitting		H <input type="checkbox"/> W <input type="checkbox"/>	Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Odd Jobs		H <input type="checkbox"/> W <input type="checkbox"/>	Business Telephone		H <input type="checkbox"/> W <input type="checkbox"/>
Services		H <input type="checkbox"/> W <input type="checkbox"/>	Miscellaneous		H <input type="checkbox"/> W <input type="checkbox"/>
Miscellaneous		H <input type="checkbox"/> W <input type="checkbox"/>	Meals & Entertainment		H <input type="checkbox"/> W <input type="checkbox"/>
			Business Mileage (list number of miles)		H <input type="checkbox"/> W <input type="checkbox"/>

* Do not duplicate expenses shown on page 4.

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2004 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.

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 college tuition (only applies to IRA)?..... Yes No

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

Did you convert your IRA to a ROTH in 2004?..... Yes No

Retirement Contribution Credit (Amounts deposited for 2004)

Husband Traditional IRA: \$ _____ Roth IRA: \$ _____

Wife Traditional IRA: \$ _____ Roth IRA: \$ _____

Automobile Expenses (do not include if reimbursed)

Commuter mileage is non-business; churches cannot reimburse.

Total miles driven for 2004..... _____

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, include the following information:

Market value \$ _____ Percent of personal use _____

Number of days the vehicle was in your possession in 2004 _____

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 2, Schedule C.*)

Office supplies \$ _____
 Religious materials \$ _____
 Subscriptions and dues \$ _____
 Seminars, conferences, motels and lodging \$ _____
 Educational expenses \$ _____
 Business telephone (long distance only) \$ _____
 Meals and 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

Check/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 2003 taxes \$ _____

Tax Data Checklist

1. I've included my 2003 Federal and State tax return unless SSF prepared them.
2. I've included all 1099s and W-2s. Keep photocopies for yourself and send us all originals. **Please send at least three (3) of each W-2.**
3. If you bought or sold a home in 2004, 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
4. Are you exempt from Social Security taxes and have you filed Form 4361?
 Yes No Please send a copy for our files
5. Are you licensed, commissioned or ordained? Yes No
6. Did you refinance your home? Yes No
If yes, what is the length of the loan in years? _____ Include closing settlement statement.
7. Did you incur moving expenses due to a job change? Yes No
Give details on a separate sheet. Do not include if reimbursed.
8. Did you have rental income and expenses from a house or apartment you rent to someone? Yes No Give details on separate sheet.
9. Are you retired and receiving Social Security benefits? Yes No
If yes, how much did you receive in 2004? *Include statements.*
Husband: \$ _____ Wife: \$ _____
10. Do you receive our e-mails? Yes No
If preferred, please provide your e-mail address: _____
11. Amount of out-of-state purchases that you made without paying sales tax
\$ _____.
12. Were you living in the U.S. for at least 6 months in 2004? Yes No

Please do not send us receipts to support any amounts listed on page 4.

12. 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

13. Amount deposited as estimated federal and state tax for 2004. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2003	\$		\$	
1st Quarter April 15	\$		\$	
2nd Quarter June 15	\$		\$	
3rd Quarter September 15	\$		\$	
4th Quarter January 16	\$		\$	
Paid with Extensions	\$		\$	
Total Deposits	\$		\$	

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

<i>Type of Income</i>	<i>State</i>	<i>Dates</i>	<i>Amount</i>
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____

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

Did you pay **interest on a student loan** in 2004 that you were legally responsible for? If so, how much? \$ _____

Students qualify for the following credits, which have tuition and fees, and attend an institution eligible to participate in a Department of Education student aid program. Does not include room and board.

HOPE Scholarship: For you or any dependents who are enrolled at least half-time, and as of January 1, 2004, had not completed two years of college.

Name of Student	Tuition and Class Fees <i>(less grants, scholarships and other tax-free educational assistance)</i>	What Year in College? <i>(as of January 1, 2004)</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 and Class Fees <i>(less grants, scholarships and other tax-free educational assistance)</i>	What Year in College? <i>(as of January 1, 2004)</i>
_____	\$ _____	_____
_____	\$ _____	_____

What is your total anticipated income for 2005?

- 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 2005? _____

Miscellaneous State Questions

California

Did you pay rent for at least six months in 2004? Yes No

Teacher Retention Credit: original credential date: _____

credential number: _____

Indiana

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

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 .. \$ _____

Michigan

Renters—list amount paid \$ _____

Homeowners—list state equalized value \$ _____

Minnesota

If children K–12, amount eligible for Education Credit; List the type
and itemize expenses per dependent (include grade) \$ _____

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.

Ohio & Oregon

Political contribution credit \$ _____

Wisconsin

Total rent paid in 2004..... \$ _____

Is heat included? Yes No