

# Tax Data Questionnaire 2006

*The Stewardship Services Foundation (661) 362-2TAX (362-2829)*

**Check here if this is the first year we have prepared your return.**

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 \_\_\_\_\_ Do you receive our emails?  Yes  No

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	2006 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)

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 that you actually spent  
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. . . . . \$ \_\_\_\_\_

**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) ..... \$ \_\_\_\_\_  
 Social Security Retirement Benefits ..... \$ \_\_\_\_\_  
 Spouse Social Security Retirement Benefits ..... \$ \_\_\_\_\_  
 2005 state and city income tax refund received in 2006 ..... \$ \_\_\_\_\_  
 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 2006? 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 2006 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 2006?.....  Yes  No

**IRA Contributions (Amounts deposited for 2006)**

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 2006 (personal + commute + business)..... \_\_\_\_\_

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

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 so, an amount needs to be added to your W-2, block 1. Please refer to our website for details.

**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.  
Sales Tax paid on vehicles. .... \$ \_\_\_\_\_  
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 ..... \$ \_\_\_\_\_  
Required uniforms (not dress clothes) ..... \$ \_\_\_\_\_  
Safe deposit box ..... \$ \_\_\_\_\_  
Income tax preparation paid for 2005 taxes ..... \$ \_\_\_\_\_

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## Tax Data Checklist

1.  I've included my 2005 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 2006, did you live in the home you sold for at least two of the past five years?  Yes  No  
Please include the closing/settlement statement(s).
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. Amount of out-of-state purchases that you made without paying sales tax \$\_\_\_\_\_.
10. Were you living in the U.S. for at least 6 months in 2006?  Yes  No
11. Did you make HSA/MSA contributions? If yes, include all HSA/MSA 1099s and amounts contributed below:  
Employer \_\_\_\_\_ Amount \_\_\_\_\_  
Employer \_\_\_\_\_ Amount \_\_\_\_\_

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

**Do not send Federal and State booklets and forms.**

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 2006. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2005	\$		\$	
1st Quarter April 17	\$		\$	
2nd Quarter June 15	\$		\$	
3rd Quarter September 15	\$		\$	
4th Quarter January 15	\$		\$	
Paid with Extensions	\$		\$	
<b>Total Deposits</b>	\$		\$	

14. **Part-year residents, list all your income, including honorariums, investment income, etc., by state and list exact 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 2006 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. **Include 1098-T.**

**HOPE Scholarship:** For you or any dependents who are enrolled at least half-time, and as of January 1, 2006, 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, 2006)</i>
_____	\$ _____	_____
_____	\$ _____	_____

**Lifetime Learning Tax Credit:** For you or any dependents who are college students, 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, 2006)</i>
_____	\$ _____	_____
_____	\$ _____	_____

**What is your total anticipated income for 2007?**

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 2007? . . . . . \_\_\_\_\_

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## Miscellaneous State Questions

### California

Did you pay rent for at least six months in 2006? .....  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 2006..... \$ \_\_\_\_\_

Is heat included? .....  Yes  No