Tax Data Questionnaire 2008

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

Current 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?____

School District ________________________ County________________________

Home Phone ________________________ Cell Phone ____________________

Occupation: Husband ____________________ Wife______________________

Name of Employer ____________________________ Phone________________

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

Name	SSN (required)	Birth Date	Relation-ship	2008 Gross Income	*Full-Time Student
________________	________	_______	_______	_________	❑ Yes ❑ No
________________	________	_______	_______	_________	❑ Yes ❑ No
________________	________	_______	_______	_________	❑ Yes ❑ No
________________	________	_______	_______	_________	❑ Yes ❑ No

*If college student, 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
   (cannot be more than your approved housing allowance). . . . . $____________
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

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Other Income (not listed on page 1)

Amount of Tax Stimulus Refund . . . . $____________

Your income (include W-2s). . . . . $____________

Spouse income (include W-2s) . . . . $____________

Social Security Retirement Benefits . . . . $____________

Spouse Social Security Retirement Benefits. . . . . $____________

2007 state and city income tax refund received in 2008 . . . . $____________

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 2008? 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 income.

Schedule C

Income	Amount	Husband or Wife?	Expenses *	Amount	Husband or Wife?
Honorariums		H❑ W❑	Motels & Lodging		H❑ W❑
Commissions		H❑ W❑	Office Supplies		H❑ W❑
Babysitting		H❑ W❑	Supplies		H❑ W❑
Odd Jobs		H❑ W❑	Business Telephone		H❑ W❑
Services		H❑ W❑	Miscellaneous		H❑ W❑
Miscellaneous		H❑ W❑	Meals & Entertainment		H❑ W❑
			Business Mileage (list number of miles)		H❑ W❑

*** Do not duplicate expenses shown on page 4.**

Please do not submit receipts with the Tax Data Questionnaire.

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2008 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 2008? . . . . ❑ Yes ❑ No

IRA Contributions (Amounts deposited for 2008)

Husband Traditional IRA: $_______________ Roth IRA: $_______________

Wife Traditional IRA: $_______________ Roth IRA: $_______________

Automobile Ministry Miles (do not include if reimbursed)

Commuter mileage is non-business; churches cannot reimburse commuting.

Total miles driven for 2008 (personal + commute + business) . . . . ____________

Total business miles January 1–June 30 . . . . ____________

Total business miles July 1–December 31 . . . . .____________

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.

Ministry 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): ______________________________________ $____________

Travel. . . . . $____________

Schedule A: Itemized Deductions

Medical and Dental Expenses

Total medicine, drugs, insurance premiums paid by you, doctors, dentists, hospital bills, hearing aids, eyeglasses, Medicare part B & D, etc. . $____________

Medical miles driven . . . . ________miles

(Do not include expenses covered by insurance or HSA.)

Taxes

We need your real estate tax even if you do not itemize.
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);
list amount deductible, listing each auto separately. . . . . $____________

Interest Expense (from Form 1098)

Home mortgage interest (not a rental) . . . . $____________

Qualified Mortgage Insurance Premiums . . . . $____________

Contributions

Check/cash contributions (include SSF gift) . . . . $____________

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 in 2008 (do not include SSF gift) . . . . $____________

Please do not submit receipts with the Tax Data Questionnaire.

Tax Data Checklist

1. ❑ I've included my 2007 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 2008, did you live in the home you sold for at least two of the past five years? ❑ Yes ❑ No
   Have you owned a home in the previous three 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 2008? ❑ Yes ❑ No
    If no or you lived outside the U.S., see question 14.
11. Did you make HSA/MSA contributions? If yes, include all HSA/MSA 1099s and amounts contributed below. Employee contributions are amounts contributed from your taxable income. Employer contributions are pre-tax.

    Employee ______________________ 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 or labels.

Certified or return receipt mail takes longer to reach us. Please allow extra time if you choose to use these options.

When you mail us your return please make sure you account for all your W-2s and 1099s. It is very helpful if you mail everything in one envelope. Refer to our checklist at http://ssfoundation.net/tax%20checklist.htm.

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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 or EIN	Amount

13. Amount deposited as estimated federal and state tax for 2008. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2007	$		$	
1st Quarter April 17	$		$	
2nd Quarter June15	$		$	
3rd Quarter September 15	$		$	
4th Quarter January 15	$		$	
Paid with Extensions	$		$	
Total Deposits	$		$	

14. **Part-year residents, list all your income, including unused H/A, honorariums, investment income, etc., by state and list exact dates of residency. Foreign missionaries, list dates you were in the U.S.**

Type of Income	*State*	*Dates*	*Amount*
________	________	________ – ________	$ ________
________	________	________ – ________	$ ________
________	________	________ – ________	$ ________
________	________	________ – ________	$ ________
________	________	________ – ________	$ ________
________	________	________ – ________	$ ________
________	________	________ – ________	$ ________

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

Did you pay **interest on a student loan** in 2008 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, 2008, had not completed two years of college.

Name of Student	Tuition and Class Fees *(less grants, scholarships and other tax-free educational assistance)*	What Year in College? *(as of January 1, 2008)*
______________________	$ ______________________	______________
______________________	$ ______________________	______________

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 *(less grants, scholarships and other tax-free educational assistance)*	What Year in College? *(as of January 1, 2008)*
______________________	$ ______________________	______________
______________________	$ ______________________	______________

What is your total anticipated income for 2009?

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 2009? . . . . __________

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Miscellaneous State Questions

Alaska

Alaska Permanent Fund Dividend (include statements) . . . . $___________

California

Did you pay rent for at least six months in 2008? . . . . ❑ Yes ❑ No

Indiana

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

____

CollegeChoice 529 Investment Plan Contributions… . . . . $___________

Illinois & Iowa

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

Iowa

Amount paid for Medical Premiums (do not include if your church pays your premiums) . . . . $___________

Kentucky & Michigan

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

Massachusetts

Rent Paid. . . . . $___________

Health Insurance Coverage . . . . ❑ Yes ❑ No

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 . . . . $___________

Oklahoma

Oklahoma Bank Interest . . . . $___________

Wisconsin

Total rent paid in 2008. . . . . $___________

Is heat included? . . . . ❑ Yes ❑ No

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