

QUESTIONNAIRE *These items could lead to more deductions. PLEASE CHECK ALL THAT APPLY.*

YES NO

1. Did you pay post-high school tuition for a family member? Student's Name _____
Year of Study (1=Freshman) _____ School or college _____ Amount \$ _____
Provide 1098-T. Amount paid for books and materials \$ _____
2. Do you have a Form 4361 Exemption From Social Security Tax? Please make sure we have an IRS-approved copy.
3. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
4. Is anyone in your household 65 years or older? **Blind?** (Vision in best eye 20/200 or worse? _____)
5. Is anyone other than your spouse and children living with you? If so supply name, social security number, the amount of support given them, their relationship to you, the amount of their income and its source.
6. Do you pay for support of people who **do not** live with you? If so, supply names, SS#, amount of support, relationship to you, their total income and its source (work, pension, etc.)
7. Are you or your spouse permanently disabled?
8. Want to e-file your returns? If you do not wish to e-file, there is an additional **\$75 fee** for non-e-filed work.
9. Do you plan to buy a home in the next 26 months?
10. Does anyone owe you money you can't collect? Supply their name, address, SS#, loan amount, date, and steps you have taken to collect .
11. Did any stock or securities you own become worthless in 2019? If so, supply details.
12. Did you change denominations in the past two years? (ministers only)
13. Did you give more than \$15,000 in money or property to any individual? If so, **call for copy of Gift Tax form.**
14. Did you or your spouse Pay or Receive spousal support? If so, list name, SS# and amount received or paid: Name _____ SS# _____ -- _____ -- _____ \$ _____
15. Do you , or your spouse , use a room in your home as a **primary** office? If so, please supply the total square feet of your home (subtract hallways, stairs, entryway) _____, and the square feet used for business _____.
Complete Housing Expense Section, next page.
16. Did you replace exterior doors, windows, water heater, furnace, or install solar/wind energy? Use Energy Credits Form.

Retirement Plans		Plan Total		Amount You Added 2019	
		Self	Spouse	Self	Spouse
<input type="checkbox"/> <input type="checkbox"/> Do you have a "dormant" retirement plan? If so, please supply details.	TSA/403(b)	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Did you or your employer contribute to a plan?	IRA or SEP IRA	\$ _____	\$ _____	\$ _____	\$ _____
Please provide copies of year-end statements	Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
	401K	\$ _____	\$ _____	\$ _____	\$ _____
	Employer Plan	\$ _____	\$ _____	\$ _____	\$ _____
	Other _____	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Tax Payments	Federal	State	Date Paid
Last year's overpayment credited to this year's tax:	\$ _____	\$ _____	
Amount paid with extension (with Form 4868)	\$ _____	\$ _____	____/____/____
Voucher 1 Estimated tax payments (Due April 15):	\$ _____	\$ _____	____/____/____
Voucher 2 Estimated tax payments (Due June 15):	\$ _____	\$ _____	____/____/____
Voucher 3 Estimated tax Payments (Due Sept. 15):	\$ _____	\$ _____	____/____/____
Voucher 4 Estimated tax payments (Due Jan. 15):	\$ _____	\$ _____	____/____/____

INCOME DO NOT INCLUDE "ACCOUNTABLE REIMBURSEMENT PLAN" REIMBURSEMENTS

SOURCE	Self	Spouse	INTEREST INCOME (Provide all 1099-INTs)	
Income from 1099's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Income from W-2's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Other Minister's Income	\$ _____	\$ _____	From _____	\$ _____
Housing Allowance	\$ _____	\$ _____	From _____	\$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____	\$ _____
Honoraria	\$ _____	\$ _____	From _____	\$ _____
State Tax Refund for 20____	\$ _____	\$ _____	From _____	\$ _____
Social Security [provide SSA-1099s]	\$ _____	\$ _____		
Pensions/Annuities/IRA's	\$ _____	\$ _____	STOCK DIVIDENDS (Provide all 1099-DIVs)	
Unemployment/Disability Income	\$ _____	\$ _____	From _____	\$ _____
Jury Duty	\$ _____	\$ _____	From _____	\$ _____
Prizes & Awards	\$ _____	\$ _____	From _____	\$ _____
Sales of coins, jewelry, art, gold, etc,	\$ _____	\$ _____	From _____	\$ _____
Sales on eBay, Craig's list, etc.	\$ _____	\$ _____	From _____	\$ _____

SALE/EXCHANGE OF STOCK & PROPERTY - Include Vehicles

MUTUAL FUND SALES: If you were not given an Average Cost Statement, provide all annual statements since purchase.

What You Sold	Purchase Date	Date Sold	Sales Price	Cost or Basis	Selling Expense	Gain/Loss (Optional)

Provide escrow "Settlement or Closing Statement" if you bought or sold a home or other property. For more items, use **Sale/Exchange Form**

HOUSING EXPENSE [This section for ministers only, and/or office in home]

Date you purchased home ___/___/___	Maintenance & Repairs \$ _____	Utilities (Except Phone) \$ _____
Rent/Mortgage Payments \$ _____	Decorations \$ _____	Cleaning Supplies \$ _____
Property Taxes* \$ _____	Furnishings \$ _____	Miscellaneous \$ _____
Insurance* \$ _____	Gardening, Pool Service \$ _____	Telephone Base Rate \$ _____
*If not included in rent/mortgage payment. List property tax also on Page 4.		TOTAL \$ _____

AUTO EXPENSE

Enter 1 vehicle/1 use per column, so one car may be listed in two or more columns. Reimbursed at less than \$.58/mile, or need more columns? Request and Use Auto Expense Form

Business/Professional use by:	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Activity (Ministry, Honoraria, Job, etc.)	_____	_____	_____	_____
Year, Make and Model of Vehicle	_____	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase/Lease*	___/___/___	___/___/___	___/___/___	___/___/___
Mileage: Total driven	_____	_____	_____	_____
Mileage: Professional	_____	_____	_____	_____
Mileage: Notes	_____	_____	_____	_____
Parking, Tolls	\$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____
Auto License Renewal Fee (All)	\$ _____	\$ _____	\$ _____	\$ _____
Car Loan Interest Paid this Year	\$ _____	\$ _____	\$ _____	\$ _____
Car Lease/Rental	\$ _____	\$ _____	\$ _____	\$ _____
Round-trip commute distance between home and office:	Self _____ Spouse _____			
Was vehicle available for personal use after hours? Yes No	_____	_____	_____	_____
Was another vehicle available for personal use? Yes No	_____	_____	_____	_____
Personal miles driven on employer-owned vehicle?	Self _____ Spouse _____			

PROFESSIONAL/EMPLOYMENT EXPENSES

Up to \$25 per recipient for:
 -Gifts associated with profession:
 -Money to transients/indigents:

	SELF	SPOUSE
Hired Services	\$ _____	\$ _____
Professional Dues/Required Tithes	\$ _____	\$ _____
Prof/Business Interest Paid	\$ _____	\$ _____
Income Tax Preparation	\$ _____	\$ _____
Other office & computer expenses	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Postage/Stationery/Cards Etc.	\$ _____	\$ _____
Books/Periodicals/Papers	\$ _____	\$ _____
Film/Tapes/Videos/DVDs	\$ _____	\$ _____
Travel: Transportation	\$ _____	\$ _____
Lodging, Misc.	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Professional Entertainment*	\$ _____	\$ _____

Do not include expenses reimbursed by an accountable reimbursement plan

	SELF	SPOUSE
Purchase/Cleaning/ Prof. Garments	\$ _____	\$ _____
Internet/DSL Services	\$ _____	\$ _____
Cell Phone/Pager (Prof. Use Only)	\$ _____	\$ _____
Long Distance/Message Units	\$ _____	\$ _____
Formal Education Expenses	\$ _____	\$ _____
Name of School _____		
Seminars/Conferences/Prof.Growth	\$ _____	\$ _____
Meeting Expenses	\$ _____	\$ _____
Other (List) _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

*Entertaining at home, office, or restaurants and associated with the active conduct of your profession.

EQUIPMENT PLACED IN SERVICE THIS YEAR: (ENTER HERE ONLY)

Date	Description	%Business Use	Spouse or Self?	Purchase Price
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____

NEW CLIENTS ONLY (For depreciation):

Current Value Prof. Library	\$ _____	\$ _____
Current Value all equipment, office & professional [Provide List]	\$ _____	\$ _____

DEDUCTIONS

MEDICAL EXPENSES

A. Medical/Disability Premiums \$ _____

Long-Term Care Premiums:

For you \$ _____ For Spouse \$ _____

B. Medical services **not** reimbursed by insurance:

**These specifics NOT required, just the total.*

Prescriptions * \$ _____

Doctors & Dentists * \$ _____

Hospitals & Clinics * \$ _____

Lab. Fees/X-Rays * \$ _____

Physical Therapy * \$ _____

Glasses/Contacts * \$ _____

Orthopedic Equipment * \$ _____

Hearing Aids/Batteries * \$ _____

Other * \$ _____

TOTAL of B. only \$ _____

C. Medical Travel miles _____

Parking, tolls \$ _____

Insurance Reimbursement for medical travel: \$ _____

TAXES

Your local sales tax rate _____%

Property Taxes \$ _____

Auto License Fees \$ _____

Tax Paid to Other States \$ _____

Sales Tax on High-Cost Items* \$ _____

* (Vehicles, boats, planes, homes, home building materials)

HOME MORTGAGE INTEREST (Provide 1098's).

1ST Home Mortgage \$ _____

2ND Home Mortgage \$ _____

Home Improvement/Equity Loan \$ _____

Mortgage Paid to Individual: \$ _____

Paid to (Name) _____

Address _____

Social Security Number _____

CONSUMER DEBT

Credit Cards	Balance	Interest Paid	Student Loans	Balance	Interest Paid
Lender _____	\$ _____	\$ _____	Student Loans	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Car Loan	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Car Loan	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Other _____	\$ _____	\$ _____

USE TAX: If your state, (including CA, KY, LA, MA, ME, MI, NY, OH, OK, RI, SC, UT, VT, VA) charges use tax on out-of-state purchases, what is total amount of purchases on which you owe use tax? \$ _____

NOTES AND ADDITIONAL INFORMATION:

Was family covered by employer plan all year? Y N

We cannot deliver your return to you without your signature(s) below:

TAXPAYER STATEMENT: ALL INFORMATION CONTAINED IN THIS TAX CHECKLIST IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. EACH ITEM CAN BE SUBSTANTIATED BY RECEIPTS, CHECKS AND/OR OTHER DOCUMENTATION. I HAVE REPORTED ALL INCOME.

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CLIENT SIGNATURE _____ SPOUSE SIGNATURE _____ DATE _____

I want information on:

- Tax Sheltered Annuities, Disability or Health Insurance, Long-Term Care Insurance Retirement Planning
- Life Insurance (including tax-deductible policies). Incorporating my ministry or business Payroll Services

CONTRIBUTIONS

Cash donations with NO receipt/check \$ _____

Small donations WITH receipt/check \$ _____

Churches & Charitable Organizations:

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Charitable/Volunteer Travel (in miles) _____

Contributions Of Goods (w/receipt) \$ _____
If non-cash donations exceed \$500 please supply name of charity, address, type of property and amount of donations. Request and Use Non-Cash Contribution Form.

_____ \$ _____

Child or Dependent Care Check here if had FSA _____
If more than one person, supply list. ALL info below required.

Child or Dependent's Name _____
Amount paid for care \$ _____
 Provider Name _____
 Address _____
 Tax ID# or SS# _____
 Telephone (If California) _____

Union Dues \$ _____
 Investment Expenses \$ _____
 Job Seeking Expenses \$ _____
 Uniforms/Purchase/Cleaning \$ _____
 Other (List) \$ _____

CASUALTY LOSSES (Unreimbursed portion only)

Fire/Theft/Storm \$ _____

Auto Accident \$ _____

Property Damage \$ _____