

CLERGY TAX & FINANCIAL SERVICES

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TAX CHECKLIST

TAX YEAR _____

MAIN OFFICE

Appointment Date: ____ / ____ / 200__

BY MAIL

BY FAX

Appointment Time: _____ AM PM

OTHER INTERVIEW LOCATION

Need another copy of this form? Download PDF version at: <http://clergytax.com/clients.htm>

Thank you for entrusting us with your tax preparation. We are pleased to use our expertise and experience for your benefit. Our goal is to make your tax preparation a satisfying experience.

Your advance preparation of this checklist helps save you money. We can process your tax forms more quickly and conduct a more complete interview with you, finding the "not so obvious" deductions you may be entitled to.

Use this checklist as a guideline for sorting your records from the past year. If you calculate the **totals** of your expenses over the past year you don't need to provide canceled checks or receipts.

PLEASE PROVIDE:

- A copy of your previous year's Federal and State tax returns (unless prepared by CTFS).
- All W-2 and 1099 forms and any social security statements.
- Escrow settlement (closing) statements of real estate bought or sold during the year.
- Labels and envelopes from your Federal and State tax form booklets, if they were mailed to you.
- If you moved, download Moving Expense Form at <http://clergytax.com/clients.htm> [The *.htm* is necessary]
- If you had rental income, download Rental Income Form at <http://clergytax.com/clients.htm> [The *.htm* is necessary]

GENERAL INFORMATION If we already have this, just fill in your name and update new information.

| | Title | Name (Last, First, MI) | Occupation | Birthdate | Social Security # | Full-Time Student? |
|---|-------|------------------------|------------|-----------|-------------------|--------------------|
| Self | | | | | | |
| Spouse | | | | | | |
| Dependents | | | | | | |
| If child no longer a dependent, please note | | | | | | |
| | | | | | | |
| | | | | | | |

BE SURE TO UPDATE STUDENT STATUS OF OLDER CHILDREN

Current Street Address _____

City _____ State _____ ZIP _____

County _____ School District _____

E-mail _____ @ _____

| | | | |
|-----------|-------------|-----|-------|
| Telephone | Home | [] | _____ |
| | Work/Self | [] | _____ |
| | Work/Spouse | [] | _____ |
| | Cell | [] | _____ |
| | FAX | [] | _____ |

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

YES NO

1. Did you pay post-high tuition and fees for a family member? Student's Name _____
Year of Study (1=Freshman) _____ School or college _____ Amount \$ _____
2. Do you have an approved Form 4361 Exemption From Social Security Tax? Please make sure CTFS has a copy.
3. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
4. Are any of your unmarried dependent children 19 years of age or older? If so are they a full time student?
5. Is anyone in your household 65 years or older?
6. Is anyone other than your spouse and children living with you? If so supply their name, social security number, the amount of support given them, their relationship to you, the amount of their income and its source.
7. Do you pay for support of people who **do not** live with you?
Supply names, SS#, amount of support, relationship to you, their total income and its source (work, pension, etc.)
8. Are you or your spouse permanently disabled?
9. **Do you prefer that we file your return electronically (efile) if possible?**
10. Are you on retirement from any Federal, State County or City plan?
11. Did you receive any distributions from a profit sharing or pension plan?
12. Do you have capital losses from previous years to carry forward?
13. Does anyone owe you money you can't collect? Supply their name, address, SS#, loan amount, date, and steps you have taken to collect.
14. Did any stock you own become worthless during the year? If so supply name of the stock, purchase date and price.
15. Did you change denominations in the past two years (ministers only)?
16. Do you wish to follow the "Deason Decision"?
17. Did you buy or sell any stocks, bonds, real estate or other property? If so supply the type of property, purchase date, purchase price, sales date, the amount received from the sale and any sales costs.
18. Did you or your spouse Pay or Receive any spousal support? If so, list name, SS# and amount received or paid: Name _____ SS# _____ -- _____ -- _____ \$ _____
19. Do you, or your spouse, use a room in your home as a primary office? If so please supply the total square footage of your home, the square footage used for business. (If not supplied elsewhere on this form, total utilities and home improvements for the year.

Retirement Plans

- Do you have a "dormant" retirement plan? If so, please supply details.
- Did you or your employer contribute to a plan?

Please provide copies of year-end statements

| | Plan Total | Additions This Year | |
|----------------|------------|---------------------|----------|
| | | Self | Spouse |
| TSA/403(b) | \$ _____ | \$ _____ | \$ _____ |
| IRA or SEP IRA | \$ _____ | \$ _____ | \$ _____ |
| Roth IRA | \$ _____ | \$ _____ | \$ _____ |
| 401K | \$ _____ | \$ _____ | \$ _____ |
| Employer Plan | \$ _____ | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ | \$ _____ |

Estimated Tax Payments

| | Federal | State | Date Paid |
|---|----------|----------|----------------|
| Last year's overpayment credited to this year's tax: | \$ _____ | \$ _____ | ____/____/____ |
| 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 1099s) | |
|-------------------------------------|--------------------|----------|--|----------|
| Income from 1099's [Provide Forms] | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Income from W-2's [Provide Forms] | \$ [Provide Forms] | \$ _____ | From _____ | \$ _____ |
| Other Minister's Income | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Housing Allowance | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Rental Value of Parsonage | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Honoraria | \$ _____ | \$ _____ | From _____ | \$ _____ |
| State Tax Refund | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Social Security [provide SSA-1099s] | \$ _____ | \$ _____ | | |
| Pensions/Annuities/IRA's | \$ _____ | \$ _____ | STOCK DIVIDENDS (Provide all 1099s) | \$ _____ |
| Unemployment | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Disability Income | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Jury Duty | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Prizes & Awards | \$ _____ | \$ _____ | From _____ | \$ _____ |
| Other (List) | \$ _____ | \$ _____ | From _____ | \$ _____ |

SALE OR EXCHANGE OF PROPERTY

MUTUAL FUND SALE: If you were not given an Average Cost Statement, bring all annual reports since purchase.

| Type of Property | Date Purchased | Date Sold | Gross Sales Price | Cost or Basis | Selling Expense | Gain/Loss (Optional) |
|------------------|----------------|-----------|-------------------|---------------|-----------------|----------------------|
| | | | | | | |
| | | | | | | |

Bring escrow "Settlement Statement" if you bought or sold a home.

HOUSING EXPENSE *[This section for ministers only]*

| | | |
|---------------------------------|----------------------------------|-----------------------------------|
| Date Home Purchased _____ | Maintenance & Repairs \$ _____ | Utilities (Except Phone) \$ _____ |
| Rent/Mortgage Payments \$ _____ | Decorations \$ _____ | Cleaning Supplies \$ _____ |
| Property Taxes* \$ _____ | Furnishings \$ _____ | Miscellaneous \$ _____ |
| Insurance* \$ _____ | Gardening, Pool Service \$ _____ | Telephone Base Rate \$ _____ |
| | | TOTAL \$ _____ |

*If not included in rent/mortgage payment.

AUTOMOBILE EXPENSES *Please keep each car's expense and mileage records separate.*

| | Auto 1 Self <input type="checkbox"/> Spouse <input type="checkbox"/> | Auto 2 Self <input type="checkbox"/> Spouse <input type="checkbox"/> | Auto 3 Self <input type="checkbox"/> Spouse <input type="checkbox"/> | Auto 4 Self <input type="checkbox"/> Spouse <input type="checkbox"/> |
|--|--|---|---|---|
| Year, Make and Model of Auto | _____ | _____ | _____ | _____ |
| Purchase Price | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Date of Purchase or Lease | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Mileage: Total Driven this year | _____ | _____ | _____ | _____ |
| Mileage: Total Professional | _____ | _____ | _____ | _____ |
| Parking, Tolls | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Gas, Oil, Repairs, Car Wash | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Tires | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Insurance Premium (Annual) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Auto Club | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Auto License Renewal Fee (All) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Car Loan Interest Paid this Year | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Car Lease/Rental | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| What is the round-trip commute distance between home and office? Self _____ Spouse _____ | | | | |
| Personal miles driven on employer-owned vehicle? Self _____ Spouse _____ | | | | |
| Was vehicle available for personal use after hours? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was another vehicle available for personal use? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

PROFESSIONAL/EMPLOYMENT EXPENSES

| | | | | | |
|--------------------------------------|----------|----------|-----------------------------------|----------|----------|
| <i>Up to \$25 per recipient for:</i> | SELF | SPOUSE | | SELF | SPOUSE |
| -Gifts associated with profession: | \$ _____ | \$ _____ | All Formal Education Expenses | \$ _____ | \$ _____ |
| -Money to transients/indigents: | \$ _____ | \$ _____ | Name of School | _____ | _____ |
| Income Tax Preparation/Consult. | \$ _____ | \$ _____ | Seminars/Conferences/Prof. Growth | \$ _____ | \$ _____ |
| Postage/Stationery/Cards Etc. | \$ _____ | \$ _____ | Hired Services | \$ _____ | \$ _____ |
| Film/Tapes/Videos | \$ _____ | \$ _____ | Meeting Expenses | \$ _____ | \$ _____ |
| Other office & computer expenses | \$ _____ | \$ _____ | Internet/DSL Services | \$ _____ | \$ _____ |
| Books/Periodicals/Papers | \$ _____ | \$ _____ | Long Distance/Message Units | \$ _____ | \$ _____ |
| Business Interest Costs | \$ _____ | \$ _____ | Cell Phone/Pager | \$ _____ | \$ _____ |
| Travel: Transportation | \$ _____ | \$ _____ | Professional Dues/Required Tithes | \$ _____ | \$ _____ |
| Lodging, Misc. | \$ _____ | \$ _____ | Purchase/Cleaning/ Prof. Garments | \$ _____ | \$ _____ |
| Meals | \$ _____ | \$ _____ | Other (List) _____ | \$ _____ | \$ _____ |
| Professional Entertainment* | \$ _____ | \$ _____ | Other (List) _____ | \$ _____ | \$ _____ |

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

EQUIPMENT PLACED IN SERVICE THIS YEAR:

| 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 CHECKLIST

MEDICAL EXPENSES

A. Medical/Disability Premiums \$ _____

Long-Term Care Premiums \$ _____

B. Medical services not reimbursed by insurance:

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

Prescriptions * \$ _____

Doctors & Dentists * \$ _____

Hospitals & Clinics * \$ _____

Glasses/Contacts * \$ _____

Hearing Aids/Batteries * \$ _____

Lab. Fees/X-Rays * \$ _____

Orthopedic Equipment * \$ _____

Physical Therapy * \$ _____

Other * \$ _____

TOTAL \$ _____

C. Medical Travel _____ miles

Insurance Reimbursement for medical travel: \$ _____

TAXES

Real Estate Taxes \$ _____

Auto License Fees \$ _____

Taxes Paid to Other States \$ _____

Sales Tax on High-Cost Items* \$ _____

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

INTEREST

1ST Home Mortgage \$ _____

2ND Home Mortgage \$ _____

Home Improvement/Equity Loans \$ _____

Mortgage Paid to Individuals: \$ _____

Paid to (Name) _____

Address _____

Social Security Number _____

CONSUMER DEBT

| Credit Cards | Balance | Interest Paid |
|--------------|----------|---------------|
| Lender _____ | \$ _____ | \$ _____ |
| Lender _____ | \$ _____ | \$ _____ |
| Lender _____ | \$ _____ | \$ _____ |
| Lender _____ | \$ _____ | \$ _____ |

| | Balance | Interest Paid |
|---------------|----------|---------------|
| Student Loans | \$ _____ | \$ _____ |
| Car Loan | \$ _____ | \$ _____ |
| Car Loan | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |

NOTES AND ADDITIONAL INFORMATION:

CONTRIBUTIONS (Cash/Check)

Sunday School & loose offerings \$ _____

Churches & Charitable Organizations:

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Charitable Travel (Total Miles) _____

CONTRIBUTIONS (Non-cash/check) * \$ _____

*If non-cash donations exceed \$500 please supply name of charity, address, type of property and amount of donations.

_____ \$ _____

MISCELLANEOUS

Child/Dependent Care If more than one, supply list.

Amount \$ _____

Provider Name _____

Address _____

Tax ID# or SS# **Required** _____

Union Dues \$ _____

Investment Expenses \$ _____

Job Seeking Expenses \$ _____

Uniforms/Purchase/Cleaning \$ _____

Other (List) \$ _____

CASUALTY LOSSES (Unreimbursed only)

Fire/Theft/Storm \$ _____

Auto Accident \$ _____

Property Damage \$ _____

TAXPAYER STATEMENT: THE 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 PERSONAL DOCUMENTATION.

CLIENT SIGNATURE _____ SPOUSE SIGNATURE _____ DATE _____

Our staff of professionals offers many other valuable services. Ask your preparer about:

Tax Sheltered Annuities, Disability Insurance, Health Insurance, Long-Term Care Insurance, Retirement Planning and Life Insurance (including tax-deductible policies).