

CLERGY TAX & FINANCIAL SERVICES

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TAX CHECKLIST

TAX YEAR _____

MAIN OFFICE

Appointment Date: ____ / ____ / 200__

BY MAIL/FAX (FAX TO 866 777-1964)

Appointment Time: _____ AM PM

OTHER INTERVIEW LOCATION

You can download this and other forms in PDF format 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 preparation of this checklist in advance 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 to guide you in 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. Save effort by rounding to nearest dollar (2.50=3 2.49=2).

PLEASE PROVIDE:

- A copy of your previous year's Federal and State tax returns (unless prepared by CTFS).
- All W-2 and 1099, 1099R forms and any social security SS4 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,
- If you had rental income,

Forms for items that require more detail are available at <http://clergytax.com/clients.htm> or call us.

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 _____	Telephone	Home [] _____
City _____ State _____ ZIP _____		Work/Self [] _____
County _____ School District _____		Work/Spouse [] _____
E-mail _____ @ _____		Cell [] _____
		FAX [] _____
		May we send confidential FAXES? Y <input type="checkbox"/> N <input type="checkbox"/>

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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 _____, and 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.
Y / N
- Did you or your employer contribute to a plan?
Y / N

Please provide copies of year-end statements

		Plan Total		Additions This Year	
		Self	Spouse	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]	\$ _____	\$ _____	From _____	\$ _____
Other Minister's Income	\$ _____	\$ _____	From _____	\$ _____
Housing Allowance	\$ _____	\$ _____	From _____	\$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____	\$ _____
Honoraria	\$ _____	\$ _____	From _____	\$ _____
State Tax Refund for 200____	\$ _____	\$ _____	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/EXCHANGE OF STOCK & 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. For more items, download S/E form.

HOUSING EXPENSE [This section for ministers only]

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.		TOTAL \$ _____

AUTO EXPENSES

Keep each car's records separate. If you were reimbursed at less than 40.5 cents/mile to Aug. 31 and/or 48.5 cents/mile Sept. 1 through Dec. 31, use Auto Expense Form

Bought Hybrid vehicle this year	Auto 1 <input type="checkbox"/>		Auto 2 <input type="checkbox"/>		Auto 3 <input type="checkbox"/>		Auto 4 <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"/>	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: Professional 1/1/05 to 8/31/05	_____		_____		_____		_____	
Mileage: Professional 9/1/05 to 12/31/05	_____		_____		_____		_____	
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	\$ _____		\$ _____		\$ _____		\$ _____	
What is the round-trip commute distance between home and office?	Self _____ Spouse _____		Self _____ Spouse _____		Self _____ Spouse _____		Self _____ Spouse _____	
Was vehicle available for personal use after hours?	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 <input type="checkbox"/>	
Personal miles driven on employer-owned vehicle?	Self _____ Spouse _____		Self _____ Spouse _____		Self _____ Spouse _____		Self _____ Spouse _____	

PROFESSIONAL/EMPLOYMENT EXPENSES

Do not include expenses reimbursed by an accountable reimbursement plan

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

*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

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

NOTES AND ADDITIONAL INFORMATION:

CONTRIBUTIONS (Cash/Check)

Sunday School & loose offerings \$ _____

Churches & Charitable Organizations:

Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____

Charitable/Volunteer Travel (in miles) _____

Charitable Travel to help Katrina victims _____

CONTRIBUTIONS (Non-cash/check) * \$

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

_____ \$ _____

MISCELLANEOUS

Child or Dependent Care: *If more than one person, supply list.*

Child or Dependent's Name _____

Amount paid for care \$ _____

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: 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.

CLIENT SIGNATURE _____ SPOUSE SIGNATURE _____ DATE _____

I want information on:

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