

# 2011 TAX CHECKLIST

For the 2011 tax year

## CLERGY TAX & FINANCIAL SERVICES

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TAX YEAR \_\_\_\_\_ \*

APPOINTMENT DATE: \_\_\_\_\_ / \_\_\_\_\_ / 2012

APPOINTMENT TIME: \_\_\_\_\_ AM PM

I AM FILING FAFSA FORM THIS YEAR

- MAIN OFFICE  
 BY MAIL/FAX (FAX TO 800 352-6803 TOLL-FREE)  
 OTHER INTERVIEW LOCATION \_\_\_\_\_

\* Please use correct year checklist

You will again see changes in this year's checklist, added to keep up with new IRS rules, and to help us give you the best possible return. You may need additional forms: See what's available at <http://clergytax.com/clients.htm>

Save money by **fully** completing this checklist. We'll be able to complete your taxes faster, find more "not so obvious" deductions and plan for next year. Use this checklist to guide you in sorting your records. Add up the **totals** of your expenses, and you won't need to provide canceled checks or receipts. Round to nearest dollar (\$2.50=\$3 \$2.49=\$2). **Please use Information Return Organizer.**

Forms online in PDF format at: "<http://clergytax.com/clients.htm>" Please check box if attached:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Information Return Organizer | <input type="checkbox"/> Income Earned Abroad        | <input type="checkbox"/> Rental Income Form        |
| <input type="checkbox"/> Auto Expense Form            | <input type="checkbox"/> Moving Expense Form         | <input type="checkbox"/> Sale/Exchange of Property |
| <input type="checkbox"/> Energy Credits Form          | <input type="checkbox"/> Non-Cash Contributions Form | <input type="checkbox"/> Mortgage Interest Form    |

**PLEASE PROVIDE:**

- Copies of your two previous year's Federal and State tax returns (if not prepared by CTFS).
- ALL W-2 and 1099, 1099R, SSA-1099 (Social Security) forms and ALL 1098 forms (copies OK).**
- Escrow settlement (closing) statements of real estate bought or sold during the year.
- Labels and envelopes from state tax form booklets that were mailed to you.
- Did you move in 2010? *Complete Moving Expense Form.*  Did you have rental income? *Use Rental Income Form.*
- Did you have foreign bank accounts totalling \$10,000 or more at any time in 2011? *Provide statements.*

**GENERAL INFORMATION** If we already have this, just fill in your name and add any 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						

PLEASE UPDATE Student status (a "full-time student" attended for a part of each of 5 calendar months)

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_


E-mail \_\_\_\_\_



- Home  
 Work/Self  
 Work/Spouse  
 Cell  
 FAX  
 May we send confidential FAXES? Y  N

**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 CTFs has 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.   **Do you prefer that we file your return electronically (efile) if possible?**
9.   Do you have capital losses or NOL from previous years to carry forward? (New clients only)
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 2011? If so, supply details. 
12.   Did you change denominations in the past two years? (ministers only)
13.   Did you give more than \$13,000 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  any 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**


- 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		Amount You Added 2011	
	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. 	\$ _____	\$ _____	____/____/____
Amount paid with extension (with Form 4868)	\$ _____	\$ _____	____/____/____
<b>Voucher 1</b> Estimated tax payments (Due April 15):	\$ _____	\$ _____	____/____/____
<b>Voucher 2</b> Estimated tax payments (Due June 15):	\$ _____	\$ _____	____/____/____
<b>Voucher 3</b> Estimated tax Payments (Due Sept. 15):	\$ _____	\$ _____	____/____/____
<b>Voucher 4</b> 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	\$ _____	\$ _____	<b>STOCK DIVIDENDS (Provide all 1099-DIVs)</b>	
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 our 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.		<b>TOTAL</b> \$ _____

### AUTO EXPENSE

Enter 1 vehicle/1 use per column, so 1 car may be listed in two or more columns. Reimbursed at less than \$.51/mile 1/1-6/30 or \$.555/mile 7/1-12/31, or need more columns? Use Auto Expense Form <http://clergytax.com/clients.htm>

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"/>
<b>Activity</b> (Ministry, Honoraria, Job, etc.)	_____	_____	_____	_____
Year, Make and Model of Vehicle	_____	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase/Lease	___/___/___	___/___/___	___/___/___	___/___/___
Mileage: <b>Total driven</b>	_____	_____	_____	_____
Mileage: <b>Professional 1/1 to 6/30</b>	_____	_____	_____	_____
Mileage: <b>Professional 7/1 to 12/31</b>	_____	_____	_____	_____
Parking, Tolls	\$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____
<b>Auto License Renewal Fee (All)</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Car Loan Interest Paid this Year</b>	\$ _____	\$ _____	\$ _____	\$ _____
Car Lease/Rental	\$ _____	\$ _____	\$ _____	\$ _____
Round-trip commute distance between home and office:	Self _____ Spouse _____			
Was vehicle available for personal use after hours? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>		Was another vehicle available for personal use? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
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 Mo/Day	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 1/1-6/30 \_\_\_\_\_ 7/1-12/31 \_\_\_\_\_

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)

**INTEREST (Provide 1098-INTs).** If you have ever refinanced, or home equity loan is more than \$100K, use Mortgage Interest Form.

Download at <http://clergytax.com/clients.htm>

1<sup>ST</sup> Home Mortgage \$ \_\_\_\_\_

2<sup>nd</sup> Home Mortgage \$ \_\_\_\_\_

Home Improvement/Equity Loans \$ \_\_\_\_\_

**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:

**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.

**S**

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 \_\_\_\_\_ \$ \_\_\_\_\_

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. Use **Non-Cash Contribution Form**. Download at <http://clergytax.com/clients.htm>

\_\_\_\_\_ \$ \_\_\_\_\_

### 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 \$ \_\_\_\_\_