Name: ____

QUESTIONNAIRE- TO BE ANSWERED BY ALL CLIENTS:
Please bring to your appointment

To help assure the accuracy of your tax return and that all possible tax deductions are taken, please complete the following questions.

Yes	No	Do you wish to designate a part of your taxes to the Presidential Campaign Fund?
Yes	No	Any births, adoptions, marriages, divorces, or deaths in your immediate family during 2018?
Yes	No	Did you have any children with total investment income more than $1,050, that were under age 19 or full-time students under age 24 at the end of 2018?
Yes	No	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, an S corporation, trust, or REIT, etc?
Yes	No	Did you receive income for which you did not receive a Form W-2 or 1099?
Yes	No	Did you use your car for business purposes (other than to commute to and from work)? Did you commute between first and second jobs? If yes, complete page 3 of the organizer.
Yes	No	Did you move because of a job change? If so, bring moving costs.
Yes	No	Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home?
Yes	No	Did you buy a main home in 2018?
Yes	No	Did you sell or gift any stock, real estate, land, or other property or have any become worthless? If yes, complete page 3 of the organizer and provide the final settlement statement for both the purchase and the sale.
Yes	No	Did you sell any gold, old jewelry, or precious metals?
Yes	No	Did you sell any items on EBay?
Yes	No	Did you make a gift to any individual in excess of $15,000?
Yes	No	Does anyone owe you money for which you have exhausted all reasonable efforts to collect?
Yes	No	Did you employ any household workers? (Specifically, caregivers, nannies, etc.)
Yes	No	Did you pay additional state tax last year because of an audit or filing of a late return?
Yes	No	Did you make an internet purchase on which no state sales tax was collected?
Yes	No	Did you have a casualty or theft loss which would exceed 10% of your income? If so, bring an itemized list including both original cost and value on date of loss.
Yes	No	Did you contribute to a retirement plan, including a Roth IRA? What type of plan? ____________________
Yes	No	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
Yes	No	Did you make contributions to a Health Savings Account (HSA) this year? (Do not mark “yes” for FSA)
Yes	No	Did you have any foreign income or pay any foreign taxes?
Yes	No	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account that had a balance of $10,000 at any point during the year?
Yes	No	Did you receive a foreign gift or inheritance from someone in a foreign country or from a foreign entity?
Yes	No	Have you ever had the Earned Income Credit denied?
Yes	No	Did you claim the Homeowners’ Credit in 2008 for which you are responsible for paying back each year?
Yes	No	Did you have health insurance for you, your spouse, and all dependents for the entire year? If you did NOT have insurance for each month of 2018, please provide details of insurance coverage for each family member by month.
Yes	No	If you bought health insurance through an exchange (ie. www.healthcare.gov, www.coveredca.com), please include in your tax information the Form **1095A** that the Health Insurance Exchange sent you. **Please bring any forms 1095-B or 1095-C received from an insurance company or employer**.

SIGNATURE REQUIRED:

To the best of my knowledge, the enclosed information correctly includes all income, deductions, and other information necessary for the preparation for this year’s income tax returns and I have adequate records to substantiate data.

Taxpayer ____ Date __________________

Spouse ____ Date __________________

2018 INCOME TAX CHECKLIST FOR <u>MINISTERS ONLY</u>
<u>If applicable, please bring to your appointment</u>

<u>MINISTER'S INCOME (do not include non-ministry income)</u>

W-2 Wages Reported $______________________________
1099 Misc. Salary Reported $______________________________
Housing Allowance $______________________________
Honorarium Received $______________________________
Allowances (<u>not</u> included in W-2/1099)
Automobile $______________________________
Professional Expenses $______________________________
Social Security $______________________________
Other: ________________ $______________________________
Pension Received $______________________________

Have you opted out of Social Security? Yes ______ No ______

<u>MINISTER'S HOUSING ALLOWANCE EXPENSES</u>

<u>Total</u> Mortgage Payments Paid in 2018 $______________________________
Property Tax (<u>not</u> included in Mtg. Pymt) $______________________________
Insurance (<u>not</u> included in Mtg. Pymt) $______________________________
<u>Total</u> Rent Payments Paid in 2018 $______________________________
Association Fees $______________________________
Furnishings $______________________________
Landscaping $______________________________
Maintenance/Repairs $______________________________
Improvements $______________________________
Utilities (including base rate of phone,
cable, satellite, & internet) $______________________________
Other: _______________ $______________________________

TOTAL EXPENSES: $______________________________

Note: Please ask the person issuing the W-2 or 1099 Misc. to provide you with an explanation of how the final salary number was figured. This should include all compensation received by you, including allowances by classification, but not reimbursements.

Please use the Miscellaneous Deductions Section on page 2 of the Income Tax Checklist for your ministerial expenses if your income was reported on a form W-2. Use the Self-Employed Business Income and Expense Section on page 3 if you received a form 1099-MISC.

****SEE REVERSE FOR ADDITIONAL QUESTIONS FOR <u>ALL CLIENTS</u>****