

5007 Carriage Drive, Suite G-1 Roanoke, VA 24018 Ph# (540) 989-3250, FAX# (540) 989-7192 Email: <u>office@clergytaxteam.com</u> Website: <u>www.clergytaxteam.com</u>

Dear Clients:

Income tax time is just around the corner! The enclosed 2023 Tax Return Organizer has been prepared to assist you in gathering information for your 2023 tax return.

Please fill in only those blanks that apply to you. Please make sure the <u>Social Security numbers, address,</u> <u>and emails</u> are correct!

Please do not staple or paper clip any documents to the pages of the tax organizer. We need to remove them to make digital copies of the submitted documents.

Remember, we offer a \$10 discount for getting us your information before March 1. There is also a **\$50 surcharge** if we receive your tax information <u>after March 30</u>, and your tax return needs to be filed by April 15. This \$50 surcharge applies if we receive the information <u>after September 30</u> for tax returns that must be filed by October 15. Please be aware that depending on the complexity of your tax return, we can't guarantee that we will be able to file your tax return before April 15 or October 15 if we receive your documents fewer than two weeks before those deadlines. A \$100 deposit is required of all new clients.

Churches and faith communities must file a W-2 for their ministers, not a 1099-NEC. The W-2 must be prepared and given to the clergy member by January 31. 1099s are to be issued at the same time if you have contract employees and you have paid them \$600 or more. The IRS can fine you for not preparing the W-2s and 1099s on time. We will prepare W-2s and 1099s for churches/faith communities that need this service. The cost is \$35 per form.

The IRS does not email or call unless you have an open, ongoing case. If you receive a phone call (or email) from someone who states they are from the IRS (unless it is to discuss an ongoing open case), it is most likely a scam and you should hang up or if email, ignore it. Never give personal or credit card information to anyone on the phone. If you have any questions about whether the contact is real, don't hesitate to contact our office before taking action.

We have had problems each year with the EINs of some churches, so we could not e-file the return. If that happens to you this year, call 1-800-829-4933, explain the problem, and activate your church EIN.

Please remember that the IRS does not permit us to e-file your tax return unless we receive your signed Forms 8879, IRS e-file Signature Authorization, and (depending on your state) corresponding state form. We offer eSignatures (Electronic Signatures that comply with the IRS Form 8879 requirements) at no charge. We must have separate current email addresses and cell phone numbers for you and your spouse to take advantage of this option. The directions on how to e-Sign the documents are on our website at www.clergytaxteam.com. Please call or email us if you need help accessing the portal or using the eSignature option. We will mail the documents for your signature and upload them into the portal if you choose not to sign them digitally. Then, you must sign them, upload them into the portal, or return them to us by mail.



We provide an electronic version of your completed tax return, which will be uploaded to SecureFilePro (the portal), from where you can download or print it. It will remain in the portal for three years. Please let us know if you would like a hard copy of your tax return mailed. There is a \$15 charge for this service.

The tax organizer is available on our website and in the public folder in our SecureFilePro portal. To complete the organizer on your computer, open Adobe Acrobat Reader. If you don't have this program, please go to www.clergytaxteam.com and download it for free. After opening Adobe Acrobat Reader, download the organizer from our website(<u>www.clergytaxteam.com</u> ->Client Resources Tab ->Forms, Schedules, Publications, and Tools). Please name and save your file on your computer under a new name. Keep saving the file from time to time as you work on it.

Schedules A (Itemized Deductions), C (Profit or Loss from Business), E (Supplemental Income or Loss / Rental Income), F (Profit or Loss from Farming), Form 1065 (Partnership), and Form 1120S (S-Corporation) can be downloaded from our website and our SecureFilePro portal public folder.

Our regular office hours are Monday to Friday, 9 a.m. to 5 p.m., during the "Tax Season" (February 1 to April 15 and October 1 to October 15), with a lunch break from 1:30 p.m. to 2:00 p.m. We are open Tuesday, Wednesday, and Thursday from 10:00 a.m. to 2 p.m. for the rest of the year. Although we might not be physically present at our office outside our regular office hours, we will return your emails and phone calls and meet with you as soon as we can when requested.

The office will be closed in 2024 for holidays and some vacation times. We will keep you informed of closings.

Please keep checking our website (<u>www.clergytaxteam.com</u>), which will provide you with the latest updates regarding tax regulations and operations of our office.

David's retirement has led him to relocate to Richmond, VA, to be closer to his family. He will remain available to Clergy Tax Team during tax season in Roanoke and Richmond.

Tom has started handling more complex tax resolution issues.

We strongly encourage you to open an Online Account with the IRS. This way, you can view and monitor critical information regarding your taxes and easily permit us to represent you before the IRS by filing Form 2848 – Power of Attorney and Declaration of Representative.

Hints for the Tax Organizer: use TAB Key or mouse to move between fields of the tax organizer and mouse leftclick button for checking boxes.

Thanks for allowing us to serve you again. Please get in touch with us if you have questions or problems.

Sincerely,

Jeremiusz "Remi" Sojka, EA, MBA David Tanner, EA Tom Tanner, EA Rebecca Matthew, Administrative Assistant



December 2023

Dear Client,

Thank you for choosing Clergy Tax Team to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of our services.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

Our work will not include procedures to find any irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts. However, you may need to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

Should we encounter instances of unclear tax law or potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee schedule is included in our tax organizer and available on our website. Invoices are due and payable upon presentation.

All past-due invoices must be paid before beginning any new services, and accounts with recurring services must be kept current for us to continue to provide services without interruption. Invoices not paid within 30 days are delinquent and are subject to interest at 1% per month or a part of a month, \$30 will be charged for NSF or returned checks. If our services are terminated for nonpayment, you will be responsible for payment of all services we have provided and costs incurred up to the termination date.

If requested, we will return your original records to you at the end of this engagement and mail a copy of the tax return for a \$15 fee. Store these records and all supporting documents in a secure location. We will retain copies of your records and our work papers from your engagement for up to three years, after which these documents will be destroyed.

Regardless of our record retention policy, it is your responsibility to retain and preserve your copies of all records for future use, including possible audits by governmental agencies.

If you are audited, you must produce documents and other evidence to substantiate the income and deductions shown on the return. If an audit occurs, we will represent you if you request. Representation for audits is not included in our fees for the preparation of your returns. There are various penalties and interests when a taxpayer understates his or her tax liability. If you have understated any tax liability, any tax, interest, and/or penalties that may be imposed are solely your responsibility. Call us if you have concerns about such penalties and interest.

If you have not selected to e-file your returns with our office, you will be solely responsible for filing the returns with the appropriate taxing authorities. Review all tax return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you and our subsequent submittal of your tax return.

Your privacy is important to us. We collect nonpublic personal information about you from various sources, including:

1. Interviews regarding your tax situation

2. Applications, organizers, or other documents that supply such information as your name, address, telephone number, email address, Social Security Number, number of dependents, income, and other tax-related data

3. Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099- INT, and 1099-DIV, and stock transactions.

4. We may also review banking and credit card information about our clients in the performance of receipt of payment.

Your nonpublic personal information will not be disclosed to anyone except as requested by you or as requested by law. We restrict access to personal information concerning you, except to our employees and contractors (Jeremiusz "Remi" Sojka, David Tanner, Rebecca Matthew, and Got Your Six Advisors, LLC, owned by Thomas Tanner), who need such information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

The IRS does not permit us to e-file your returns unless we receive your signed Forms 8879, IRS e-file Signature Authorizations, and (depending on your state) the corresponding state form.

We assume that by submitting the Tax Organizer and other documents that will enable us to prepare your tax return, you understand and accept the terms of this engagement letter.

A \$100 deposit is required for all new clients.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (540) 989-3250 or at office@clergytaxteam.com.

Sincerely,

Jeremiusz H Sojka, EA, MBA

Jeremiusz "Remi" Sojka, EA, MBA David Tanner, EA Thomas Tanner, EA Rebecca Matthew, Administrative Assistant

Clergy Tax Team LLC 5007 Carriage Drive, Suite G-1 Roanoke, VA 24018 540.989.3250 clergytaxteam.com office@clergytaxteam.com





TAXPAYER PERSONAL AND BANK INFORMATION

The Tax Organizer is not required to be completed but is highly recommended. Please provide us with as much information as you can. We **DO** need all tax forms listed throughout the Tax Organizer to support the information provided. We need a copy of the previous year's tax return and a deposit of \$100 if you are a new client. We ask that ministers provide us with their salary compensation worksheets. Please let us know if you have any questions. Thank you for allowing us to prepare your tax return.

Please Check All Applicable Boxes

Please mail a copy of my tax return for my records (\$15 surcharge for mailing tax return).

Taxnaver SSN

We file all the tax returns electronically. To receive an electronic copy of the tax return, please include your email address. We will send you a link to a secure site (SecureFilePro portal) where you can access your tax return for the next three years. <u>We do not email tax returns due to security concerns.</u>

Check here if the information is different from the last year. If the information is the same, provide us only on this page with your name, separate email, and cell phone numbers for you and your spouse.

| First | M.I Last | | Date of birth |
|---------------------------|---------------------------|-------------------|----------------|
| Occupation | | Email: | |
| Daytime phone | Evening phone _ | | Cell phone |
| Address | City _ | | State ZIP |
| County | School District | | ID Number |
| | | | Exp. Date |
| Spouse SSN | | | |
| First | M.I Last | | Date of birth |
| Occupation | | Email: | |
| Daytime phone | Evening phone _ | | Cell phone |
| Address | City _ | | State ZIP |
| County | School District | | ID Number |
| | | | Exp. Date |
| | | | |
| If you moved during 2023, | enter your previous addre | ss and the date y | ou moved: Date |
| | City | | State ZIP |



Marital Status on December 31:

Single (S) Married filing jointly (MFJ) Married filing separately (MFS)

Head of household (HOH)

Qualifying surviving spouse (QSS)

- HOH: Unmarried (single, divorced, or legally separated), lived separated from spouse for at least the last six months of the year, filed a separate tax return, paid for more than 50% of household expenses, and have a qualified dependent living in the home for at least six months.
- QSS: A taxpayer with a qualified dependent (child) can claim this filing status for two years following the year of the taxpayer's spouse's death.
- To file the tax return, a driver's license number is needed.

Please Check All Applicable Boxes

| Dependent of another | Full-time student | | |
|-------------------------------------|-------------------|----------|--------|
| Do you wish to donate \$3 to the El | ection Fund? | Taxpayer | Spouse |
| Are you or is your spouse legally b | lind? | Taxpayer | Spouse |

Did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise, dispose of a digital asset (or financial interest in a digital asset)?

Did you own or have a financial interest in a foreign bank or financial account?

Did you purchase health insurance through the Marketplace ("Obamacare")? If you did, you should have received Form 1095-A. We need a copy of that form to complete your tax return.

Will you digitally sign the IRS e-file Signature Authorization? You will receive an automated secret code to complete this requirement via text message. We must have separate current email addresses and cell phone numbers for the taxpayer and the spouse.

If you wish to have your refund directly deposited into your account please fill in the information below. You will receive your refund faster.

You can also pay your tax liability directly from your bank account.

Information same as last year (check here but include bank name and last four numbers of account number to be sure we have the correct information).

| Bank Name | Routing Num | ber | Account Number |
|----------------|--------------------|-------------|------------------------|
| Checking | Savings (check on | e) | |
| Federal Refund | Federal Tax Liabi | ity Payment | Requested Payment Date |
| State Refund | StateTax Liability | Payment | Requested Payment Date |
| | | | |

PLEASE INCLUDE A VOIDED CHECK (NOT A DEPOSIT SLIP AS IT MAY NOT BE CORRECT)

<u>The Standard Deductions</u> for 2023 are \$13,850 Single/MFS, \$27,700 MFJ/QSS, \$20,800 HOH. Most taxpayers are better off taking the standard deduction. Please see Schedule A. If you are unsure, complete it and let us make the decision that will benefit you most. You can download Schedule A from our website, the Public folder in the Portal, or the IRS website.

| | | | Page 7 of 31 |
|----------------------------------|---------------------------------------|----------------------|--------------|
| We can't prepare a tax return w | vithout the actual copies of the docu | uments supporting | vour income. |
| | Please Check All Applicable B | | , |
| | | | |
| Forms W-2 – Wages and Tax S | atements (Provide all W-2 Statement | s) | |
| Taxpayer or Spouse | Employer Name | | 23 Wages |
| | | | |
| | | | |
| | | | |
| | | \$ | |
| Forms 1099 – Interest Income (| Provide all 1099 – INT Statements) | | |
| Taxpayer or Spouse or Joint | Name of Issuer | An | nount |
| | | | |
| | | | |
| | | ¢ | |
| | | | |
| | | | |
| | | | |
| Forms 1099 – DIV (Provide all 10 | 099-DIV Statements) | | |
| Taxpayer or Spouse or Joint | Name of Issuer | Ordinary | Qualified |
| | | | \$ |
| - | | | \$ |
| | | • | \$ |
| - | | | \$ \$ |
| | | Φ | Φ |
| Forms 1099-R (Provide distributi | ons from Pensions, Annuities, Retiren | nent, IRAs,1099-R St | atements)*. |
| Taxpayer or Spouse | Name of Issuer | Amount | |
| | | \$ | |
| | | \$ | |

| | Cler | av | Page 8 of 31 |
|----------------------|--|----------------------|-----------------------------|
| | Tax Te | am | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | \$ | |
| | fore age 59.5, give a reason to deter | - | |
| - | a – Capital Gains and Losses (Provi Biological Content of Conte | - | |
| | out sales of real estate, or other prop that are not listed on brokerage state | | ns 1099-B, 1099-S, or other |
| Description | Purchase da | ite Cos | t/basis \$ |
| | Sale date | Sal | e Price \$ |
| Description | Purchase da | ite Cos | t/basis \$ |
| | Sale date | Sal | e Price \$ |
| Other Income: (Provi | le appropriate Statements / Forms) | | |
| Taxpayer or Spouse | Source of Income | | Amount |
| | State Tax Refund (1099-G) | | \$ |
| | Royalty, Etc. (1099-MISC) | | \$ |
| | Non-Employee Compensation (1099 | 9-NEC) | \$ |
| | Non-Employee Compensation (1099 | 9-NEC) | \$ |
| | Total Social Security Benefits (SSA | - 1099) | \$ |
| | Total Social Security Benefits (SSA | – 1099) | \$ |
| | Railroad Retirement (RRB-1099) | | \$ |
| | Unemployment compensation (1099 | 9-G) | \$ |
| | Gambling Winnings (W2-G) | | \$ |
| | Discount payments from Saving Bor | nds (1099-OID) | \$ |
| | Long Term Care payment (1099-LT | C) | \$ |
| | Payment from Qualified Education F | Programs (1099-Q) | \$ |
| | Unreported Tips | | \$ |
| | Cancellation of Debt (1099-C) | | \$ |
| | Installment sales (Principle) | | \$ |
| | Jury Duty | | \$ |
| | 1099-K (Explain below why you rece | eived the statement) | * \$ |
| Explanation: | | | |

| Clergy | Page 9 of 31 |
|---|--------------|
| Proceeds from Real Estate Transactions (1099-S) | \$ |
| Miscellaneous Income (1099-Misc) | \$ |
| Prizes and Awards | \$ |
| Activity not engaged in for profit (Hobby) | \$ |
| Stock Options | \$ |
| Personal property rental income | \$ |
| | \$ |
| | \$ |

Did you receive Schedule K-1 from a Partnership, S Corp, Trust, or Estate? (Provide us a copy of K-1)

Are you a partner in a partnership or a shareholder in an S-Corp with items of international tax Relevance?

Did you sell a primary residence, rental, or investment property? (Provide a copy of sale documents)

Were you granted or did you exercise any employee stock options?

Are you a beneficial owner of a reporting company? (LLC, S Corp, Partnership, C-Corp, business trust)

Did you report your ownership to FinCen?

Did you take your RMD (Required Minimum Distribution)?

Did you take a distribution from an employer retirement plan or IRA in connection with a qualified disaster, terminal illness, domestic abuse, birth, or adoption?

Did your PTE (Pass-Through Entity) pay state income taxes?

Additional information or questions regarding income:

*Did you receive a 1099-K statement for the sales for a business, a hobby, gig transactions, or the sale of personal-use items? List any adjustments such as fees, refunds, chargebacks, discounts, etc.





TAXPAYER'S TAX ADJUSTMENTS, DEDUCTIONS AND CREDITS

| Educator Expenses: Taxpayer \$ or principal working at least 900 hours a year) | • | \$ (for a K-12 | teacher, instructor, counselor, aide, |
|---|--------------------|---|---------------------------------------|
| Taxpayer's HSA Contributions \$ | \$ | Self-Only Coverage | Family Coverage |
| Spouse's HSA Contributions \$ | \$ | Self-Only Coverage | Family Coverage |
| Self-employed SEP, SIMPLE, and qualified | ed plans Con | <u>tribution (</u> you need to be | filing Schedule C or 1120-S): |
| Taxpayer \$ | Spouse \$ | | |
| Self-employed Health Care Insurance Ex | <u>pense</u> (need | to be filing Schedule C,17 | 20-S, 1065): |
| Taxpayer \$ | Spouse \$ | | |
| Penalty on early withdrawal of savings: \$ | | (the penalty imposed b | y Financial Institutions) |
| Interest paid on college loans: Taxpayer S | S | Spouse \$ | (Provide 1098-E Statement) |
| Amount put into a 529 plan: Taxpayer \$ _ | | Spouse \$ | (Provide 529 statement) |
| Foreign taxes paid \$(a | amount not ir | ncluded in a brokerage sta | atement). |
| Did you make a Qualified Charitable | e Distribution | from your IRA? Taxpaye | r \$ Spouse \$ |
| Did you sell a primary residence in | 2023? (Provi | de closing statement) | |
| Did you buy a primary residence in | 2023? (Provi | ide closing statement) | |
| Did you give a gift of more than \$17 | ,000 to anyo | one in 2023? | |
| Did any of your investments becom | e worthless, | or were you a victim of in | vestment theft? |
| Cas | sualty, Disas | ster, and Theft Loss | |
| Please fill out the app | ropriate secti | on of Schedule A (Itemize | ed Deductions). |
| IRA Contributions for the 2023 year (you | send your cl | heck yourself, in addition | to W-2, Box 12, Code E or D) |
| Taxpayer or Spouse | IRA | ROTH IRA | 403 (b), 401(k) |
| \$ | | \$ | \$ |
| \$ | | \$ | \$ |
| Qualified electric, plug-in, fuell-cell vehicle | <u>e.</u> New | Used Model | Make |
| Date Purchased Vehicle | ID Number _ | | Cost \$ |
| Name of a dealer | | | |
| Did a dealer claim Clean Vehicle credit fo | r you? | How much? _ | |
| Electric Vehicle charging station. Cost S | § | | |
| Federal Tax Credits for Plug-in El | | uel Cell Electric Vehicles I conomy.gov) | Purchased in 2023 or After |



| \$ | | \$ | | \$ |
|--|--|--|------------------------------------|---------------------------------------|
| \$ | | \$ | | \$ |
| | | its Internal Revenue Service | | |
| <u>nome</u> | | | | |
| You may deduct the cost of tuition a American Opportunity Tax Credit is eligible for any student (including ac courses to improve job skills at an e | available for the firs dults) for undergrad | st four years of higher education uate, graduate, or professional | n, and the Life | time Learning Credit es which include |
| Student's First Name | College | Year in School | Tuition | Course Materials |
| | | \$_ | | _ \$ |
| | | \$_ | | _ \$ |
| Course materials (not paid directly t | | | | |
| | | Alimony | | |
| Did you pay or receive alin | nony? Paid \$ | Received \$ _ | | |
| | | | | |
| Recipient's SSN | Da | ate of divorce or separation _ | | |
| | | | | |
| Alimony payments are no lo | onger deductible or | taxed for divorce decrees signe | ed after Decer | mber 31, 2018. |
| Alimony payments are no lo Federal Es | onger deductible or | taxed for divorce decrees signe | ed after Decer | mber 31, 2018. |
| Alimony payments are no lo Federal Es 2022 refund applied to yea | onger deductible or stimated Tax Pa ar 2023 \$ | taxed for divorce decrees signe | ed after Decer | mber 31, 2018. |
| Alimony payments are no lo Federal Es | onger deductible or stimated Tax Pa ar 2023 \$ | taxed for divorce decrees signe | ed after Decer | mber 31, 2018. |
| Alimony payments are no lo Federal Es 2022 refund applied to yea | onger deductible or stimated Tax Pa ar 2023 \$ \$ | taxed for divorce decrees signe ayments you paid for the Date Paid: | ed after Decer | mber 31, 2018. |
| Alimony payments are no lo Federal Es 2022 refund applied to yea Installment due 4-18-2023 | onger deductible or stimated Tax Pa ar 2023 \$ \$ \$ | taxed for divorce decrees signe ayments you paid for the _ Date Paid: _ Date Paid: | ed after Decer vear 2023 | mber 31, 2018. |
| Alimony payments are no lo Federal Es 2022 refund applied to yea Installment due 4-18-2023 Installment due 6-15-2023 | onger deductible or stimated Tax Pa ar 2023 \$ \$ \$ \$ \$ | taxed for divorce decrees signer ayments you paid for the Date Paid: Date Paid: Date Paid: | ed after Decer year 2023 | mber 31, 2018. |
| Alimony payments are no le Federal Es 2022 refund applied to yea Installment due 4-18-2023 Installment due 6-15-2023 Installment due 9-15-2023 | onger deductible or stimated Tax Pa ar 2023 \$ \$ \$ \$ \$ | taxed for divorce decrees signe ayments you paid for the Date Paid: Date Paid: Date Paid: Date Paid: | ed after Decer | mber 31, 2018. |
| Alimony payments are no lo Federal Es 2022 refund applied to yea Installment due 4-18-2023 Installment due 6-15-2023 Installment due 9-15-2023 Installment due 1-16-2024 Paid with extension Apply refund to 2024 estimate | bonger deductible or stimated Tax Pa ar 2023 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | taxed for divorce decrees signed | ed after Decer vear 2023 | mber 31, 2018. |
| Alimony payments are no lo Federal Es 2022 refund applied to yea Installment due 4-18-2023 Installment due 6-15-2023 Installment due 9-15-2023 Installment due 1-16-2024 Paid with extension | bonger deductible or stimated Tax Pa ar 2023 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | taxed for divorce decrees signed | ed after Decer vear 2023 | mber 31, 2018. |



| State Esti | mated Tax Payme | ntsyou paid for | <u>r the year</u> | 2023 | |
|--|--|-------------------------------|------------------------------|------------------|---------|
| 2022 refund applied to year | 2023 \$ | | | | |
| Installment due 5-01-2023 | \$ | Date Paid: | | | |
| Installment due 6-15-2023 | \$ | Date Paid: | | | |
| Installment due 9-15-2023 | \$ | Date Paid: | | | |
| Installment due 1-15-2024 | \$ | Date Paid: | | | |
| Paid with extension | \$ | Date Paid: | | | |
| Apply refund to 2024 estimated | tax payments rath | er than refund. | (Check or | ne below): | |
| Apply all refund until the ref | fund is used up. | | | | |
| Apply refund to first estimat | ted tax payment an | d refund the rem | nainder. | | |
| | | | | | 1 12 |
| Additional information or questi | | | <u>amenta, a</u> | | |
| Additional information or questi | | ayer s tax aujus | <u>iments, u</u> | | |
| Additional information or questi | | | | | |
| | DEPENDENTS, DED | UCTIONS AND (| CREDITS | | |
| | DEPENDENTS, DED | | CREDITS | | |
| Name(s) of Dependent Children | DEPENDENTS, DED | UCTIONS AND (Relationship | CREDITS Months at home | Date of Birth | Student |
| Name(s) of Dependent Children | DEPENDENTS, DED | UCTIONS AND (Relationship | CREDITS Months at home | Date of Birth | Student |
| Name(s) of Dependent Children | DEPENDENTS, DED SSN Control of the series of | UCTIONS AND (Relationship | CREDITS Months at home | Date of Birth | Student |
| Name(s) of Dependent Children Did any dependent child rec | DEPENDENTS, DED SSN Control of the series of | UCTIONS AND (Relationship | CREDITS Months at home | Date of Birth | Student |
| Name(s) of Dependent Children Did any dependent child rec ist the name of the child, interest | DEPENDENTS, DED SSN SSN ceive any income? t, dividends, and earn Interest | UCTIONS AND (Relationship | CREDITS Months at home | Date of Birth | Student |
| Name(s) of Dependent Children Did any dependent child rec ist the name of the child, interest First Name | DEPENDENTS, DED SSN SSN ceive any income? t, dividends, and earn Interest | UCTIONS AND (Relationship | CREDITS Months at home | Date of Birth | Student |



Are you a custodial parent of the dependent children?*

*The custodial parent is the one with whom the child lived for the greater number of nights during the year.

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for the tax year?

| Other dependent / (| | • | | | | |
|---|---|---------------------------------|--|----------------------------------|--------------------------------|-----------------|
| Name | | SSN | Relationship | Months | Date of Birth | |
| | | | | | | _\$ |
| | | | | | | |
| | | | th and Adoptions- | | | |
| Were any chil | ldren born in 2023' | <u>?</u> Name | SS | N | Birth da | nte |
| Children ador | oted? (Provide state | ment for other | expenses) | | | |
| Name | SSN | | Birth date | Adopti | on Expense | es \$ |
| Name | SSN | | Birth date | Adopti | on Expense | es \$ |
| Was the adop | oted child a special | needs child? | - | | | |
| | | Child or De | ependent Care | | | |
| \$ | | | | | | |
| | Dep | endent Colle | ege Expenses | | | |
| You may deduct the of American Opportunity eligible for any studer courses to improve jo | y Tax Credit is availant (including adults) f | ble for the first or undergradu | t four years of higher e ate, graduate, or prof | education, and essional degre | d the Lifetime ee courses w | Learning Credit |
| Student's First Nam | ne Coll | ege | Year in Sch | nool Tu | uition C | ourse Materials |
| | | | | _ \$ | \$ | |
| | | | | | \$ | |
| Course materials (not | t paid directly to the | school) needeo | d for study: books, co | mputer, suppli | es, software, | internet, etc. |
| Please write | additional inform | <u>ation or q</u> ue | stions regarding d | ependents, | deduction | s and credits |
| | | | tion of the Tax Or | - | | |

| | | | Page 14 of 31 |
|--|--------------------------------|----------------------|--------------------------|
| MIN | ISTERIAL WORKSHEE | T | |
| | Check All Applicable B | | |
| Are you exempt from Social Security (ha | ave filed form 4361 with | the IRS)? Years | in Ministry |
| PARSO | NAGE/HOUSE EXPE | NSES | |
| Did you rent your Home / Apartment | ? How much did yo | ou spend on rent? \$ | |
| Did you own your Home / Condomini Estimated Fair Rental Value (FRV) of y | | and utilities \$ | |
| Did you live in church owned Parson | age? Estimated Fair Re | ental Value per mor | nth \$ |
| Parsonage / Home / Rent Expenses that yo | u paid (an additional w | orksheet is in our P | ortal in Public folder): |
| Down payment on purchase of primary resider | nce | \$ | - |
| Mortgage principal and interest payments on p | primary residence | \$ | - |
| Home equity loan repayments (for major impro | ovements and repairs) | \$ | - |
| Refinancing costs paid up-front | | \$ | - |
| Real property taxes | | \$ | - |
| Homeowner's insurance | | \$ | - |
| Special personal property insurance on house | contents | \$ | - |
| Umbrella liability insurance (a home liability ins | surance part) | \$ | - |
| Furniture and appliances | | \$ | - |
| Art and decorative items | | \$ | - |
| Lawn care and gardening | | \$ | - |
| Repairs, additions to house, and major improv | ements | \$ | - |
| Pest control | | \$ | - |
| Supplies for cleaning and care of home | | \$ | - |
| Homeowner's association dues / condominium | fees | \$ | - |
| Utilities (no cell phone): | | | |
| Cable | \$ | | |
| Electricity | \$ | | |
| Internet connection | \$ | | |
| Natural gas / oil | \$ | | |

| | Clergy | Page 15 of 31 |
|--|--|--|
| Security system | \$ | |
| Trash collection / recycling pickup | \$ | |
| Water / sewer Total Utilities | \$\$. | |
| Other (no general circulation daily news | spaper or cell phone expenses) | : |
| | \$ | |
| | \$ | |
| Total housing expenses | | \$ |
| Ministers who own or rent their homes can exected a second | allowance designated by their <u>cl</u> | |
| FRV of home – is based on realtor's informal | | obtained from a local real estate prices of rental properties (in your |
| | | |
| eographical area) similar to your home (furn | ished, plus utilities). | |
| eographical area) similar to your home (furn MINIST | ished, plus utilities). RY SALARY AND OTHER INC | COME |
| eographical area) similar to your home (furn MINIST | ished, plus utilities). RY SALARY AND OTHER INC your tax documents your clere | COME |
| eographical area) similar to your home (furn MINIST <u>Please include with y</u> | ished, plus utilities). RY SALARY AND OTHER INC your tax documents your clere cluded in Box 1 of your W-2? (us | COME gy salary documentation. sually is not) |
| ographical area) similar to your home (furn MINIST <u>Please include with y</u> Was Housing Allowance amount inc | ished, plus utilities). RY SALARY AND OTHER INC our tax documents your clere cluded in Box 1 of your W-2? (us unt included in Box 1 of your W- | COME gy salary documentation. sually is not) -2? |
| MINIST <u>Please include with y</u> Was Housing Allowance amount inc Was the Parsonage Exclusion amou Minister's salary on W-2 (should not be 109 | ished, plus utilities). RY SALARY AND OTHER ING Your tax documents your clere cluded in Box 1 of your W-2? (usuant included in Box 1 of your W-2?) | COME gy salary documentation. sually is not) -2? |
| eographical area) similar to your home (furn MINIST <u>Please include with y</u> Was Housing Allowance amount inc Was the Parsonage Exclusion amou | ished, plus utilities). RY SALARY AND OTHER INC Your tax documents your clere cluded in Box 1 of your W-2? (usually untiline in Box 1 of your W-2?) (usually untiline in Box 1 of your W-2?) | COME gy salary documentation. sually is not) -2? |
| MINIST <u>Please include with y</u> Was Housing Allowance amount inc Was the Parsonage Exclusion amou Minister's salary on W-2 (should not be 109 Money from weddings, funerals, speaking o | ished, plus utilities). RY SALARY AND OTHER ING Your tax documents your clere cluded in Box 1 of your W-2? (usual unt included in Box 1 of your W- 99) | COME gy salary documentation. sually is not) .2? \$ \$ \$ \$ \$ \$ \$ |
| MINIST <u>Please include with y</u> Was Housing Allowance amount inc Was the Parsonage Exclusion amou Minister's salary on W-2 (should not be 109 Money from weddings, funerals, speaking of Housing allowance | ished, plus utilities). RY SALARY AND OTHER ING Your tax documents your clere cluded in Box 1 of your W-2? (usually untiline in Box 1 of your W-2?) (usually untiline in Box 1 of your W-2?) | COME gy salary documentation. sually is not) -2? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |



PROFESSIONAL MINISTRY EXPENSES

- 1. Do not list any business expenses reimbursed under the church accountable plan.
- 2. Do not use Schedule C if you use this ministerial worksheet for your ministerial income and expenses.
- 3. For computer, computer software and cellphone purchases and subscriptions, list the total expense. We will calculate the deductible part of the expense.

| ravel Expenses (non-auto, not meals) includes lodging, transportation \$ |
|--|
| 1eals \$ |
| ues and registration fees\$ |
| ooks and professional subscriptions |
| Continuing education\$ |
| Cell phone subscriptions % used for business |
| Cell phone purchase % used for business Purchase date \$ |
| lome office – stationary, postage, office supplies, etc \$ |
| Computer software subscriptions % used for business \$ |
| Computer purchase % used for business Purchase date \$ |
| estments purchase and cleaning\$ |
| 0ther – List:\$ |
| |
| uto Expenses (for actual expenses method, see Schedule C): |
| |
| uto Expenses (for actual expenses method, see Schedule C): |
| uto Expenses (for actual expenses method, see Schedule C): Vhen did you place a vehicle in service for business purposes? |
| uto Expenses (for actual expenses method, see Schedule C): Vhen did you place a vehicle in service for business purposes? Vhat is the vehicle you used (year, make, and model)? |
| uto Expenses (for actual expenses method, see Schedule C): Vhen did you place a vehicle in service for business purposes? Vhat is the vehicle you used (year, make, and model)? Illeage Claim: of the total miles you drove, enter the following miles: |
| uto Expenses (for actual expenses method, see Schedule C): Vhen did you place a vehicle in service for business purposes? Vhat is the vehicle you used (year, make, and model)? Illeage Claim: of the total miles you drove, enter the following miles: for the year including commuting, personal, business miles: |
| uto Expenses (for actual expenses method, see Schedule C): Vhen did you place a vehicle in service for business purposes? Vhat is the vehicle you used (year, make, and model)? |
| uto Expenses (for actual expenses method. see Schedule C): Vhen did you place a vehicle in service for business purposes? Vhat is the vehicle you used (year, make, and model)? Illeage Claim: of the total miles you drove, enter the following miles: Total mileage for the year including commuting, personal, business miles: Daily commuting miles Business miles: Vas your vehicle available for personal use during off-duty? Y |
| uto Expenses (for actual expenses method, see Schedule C): Vhen did you place a vehicle in service for business purposes? Vhat is the vehicle you used (year, make, and model)? |



Please Check All Applicable Boxes

Schedules A, C, and E are attached to this tax organizer if you need them.

Our website at <u>www.clergytaxteam.com</u> and our SecureFilePro portal contain the digital copies of various forms for your download: Schedules A (Itemized Deductions), C (Profit or Loss from Business), E (Supplemental Income or Loss /Rental Income), F (Profit or Loss from Farming), Form 1065 (Partnership), Form 1120S (S-Corporation). The website contains the links for those documents to the IRS website as well.

Complete and send the additional Schedules with your package or by secure server transfer if you have

completed:

Schedule A

Schedule C

Schedule E Schedule F

Note Section. Please list any additional items that are not covered earlier

Questions for us:

If you have an overflow from any of the forms, please list them here.



Other items or comments:

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS?

Designee's Name _____ Plone # _____ PlN (5 Numbers) _____

PIN Information (Personal Identification Number)

To file your tax return electronically, we need a *5-digit* number (different for both spouses if filing jointly) that will be your unique PIN. This PIN will also be used for future correspondence with the IRS.

Taxpayer's PIN _____ Spouse's PIN _____

Identity Protection PIN (IP PIN) - a six-digit code assigned to you by the IRS.

Taxpayer _____ Spouse _____

Please remember that <u>the IRS does not permit</u> us to e-file your tax return unless we receive your signed <u>Form 8879,</u> IRS e-file Signature Authorizations, and (depending on your state) corresponding state form. You will receive Form 8879 and state forms from us after we complete your tax return.

.

Thank you for allowing us to do your tax return. Please let us know if you have any questions. If you know of others who need their tax returns completed, please have them call or email us.

Sincerely,

Jeremiusz "Remi" Sojka, EA, MBA David Tanner, EA Tom Tanner, EA Rebecca Matthew, Administrative Assistant

5007 Carriage Drive, Suite G-1 Roanoke, VA 24018 540.989.3250 www.clergytaxteam.com office@clergytaxteam.com



address it.

Clergy Tax Team, LLC 2024 Pricing

5007 Carriage Drive, Suite G-1, Roanoke, VA 24018

540-989-3250 • office@clergytaxteam.com • www.clergytaxteam.com

Pricing Schedule

All prices include electronic filing, answers to tax questions throughout the year, advice with IRS issues, estimated payment support, and three-year SecureFilePro Service**.

| 1040 Ministerial Package (federal tax return) Form 1040, 1040-SR, or 1040-NR Schedule C (Weddings and Funerals) Form 2106 (Employee Business Expenses) Schedule B (Interest Income) Clergy Worksheets Form ES (Estimated Taxes for Federal taxes if required) Form 8275 | \$230 |
|--|------------------|
| Forms 1040 returns for non-clergy (Per Form, Schedules 1-3) | \$140 |
| State tax return (Includes state estimated forms) | \$50* |
| Schedule A (Itemized deductions) | \$30* |
| Schedule C (Business Income) | \$30* |
| Schedule D (Investments) | \$30* |
| Schedules E- Rentals and K-1-Partnership, Fiduciary, S-Corp - Per Schedule / Item | \$50* |
| Schedule EIC (Earned income credit) | \$30 |
| Schedule F (Farming) | \$75* |
| Most other federal forms, worksheets, items – per form, worksheet, or item | \$0-\$20 |
| Tax return extension (no charge for the previous year's client) | \$30 |
| Forms 1041(Fiduciary), 709 (Gift tax return), 706 (Estate tax return) – Per Form | \$200* |
| Forms 1065 (Partnership), 1120-S (S corporation), 1120 (Corporation) - Per Form | \$400* |
| Forms 990-T (Exempt org, business), 990 / 990-EZ (Tax-exempt) – Per Form | \$300* |
| Forms W-2, W-2C, and 1099 Online – Per Form | \$35 |
| Consulting and tax resolution fees depend on the complexity of an issue and the time | required to add |
| Amended tax return pricing will depend on the complexity of required changes to the | original return. |





Discounts:

| Retired minister | \$50 |
|---|------|
| Last year's clients | \$10 |
| Your information is received by March 1 | |
| New client referral (the name of the client | |
| · · · · · · · · · · · · · · · · · · · | / |

Surcharges:

| Information received after March 30 or September 30 | . \$50 |
|---|--------|
| Priority mail | . \$15 |

A \$100 deposit is required for all new clients.

* This price will be adjusted depending on the number of entries, complexity, or hours required to complete the form, schedule, or tax return.

**SecureFilePro is a secure client file exchange web portal. It allows Clergy Tax Team and our clients to exchange confidential documents securely. The documents and finished tax returns are stored in the portal for three years. We do not send copies of the tax returns using email.

We can prepare simple tax returns of children of current clients for \$50*.



SCHEDULE A – ITEMIZED DEDUCTIONS (The year 2023)

Most of the time, deductions must exceed in 2023, \$13,850 for Single and MFS, \$27,700 MFJ, \$20,800 HOH to be a tax benefit.

Medical Expenses: Must exceed 7.5% of income to be a benefit. Include cost for dependents. Do not include any expenses that were reimbursed by insurance or paid with HSA, FSA, or Social Security Medical included on SSA-1099, or expenses that were deducted from your salary by your employer. Please, check the IRS Publication 502 for more details.

Health insurance premiums paid in addition to amounts deducted from your W-2 or 1099-SSA \$_____

Long Term Care Insurance Premiums T \$ _____ S \$ _____

Number of medical miles:

Other medical and dental expenses* \$ _____

*Examples of other medical and dental expenses that can be included on Schedule A: doctor, dental, hospital, lab work bills, prescription medicines and insulin, vision exams, glasses and contacts, hearing aids, braces, crutches, wheelchairs, guide dogs, medical travel and transportation, capital improvements to the house due to medical care, fees for smoking cessation or weight-loss programs, medical treatment at a center for drug and alcohol addiction, etc.

Taxes Paid: Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

| State and Local Income taxes | \$ |
|--|--|
| (do not include amounts reported on W-2s or in this tax organize | er under State Estimated Tax Payments) |
| State and Local General Sales taxes – need to have receipts (food, clothing, medical supplies, major purchases such as car c | \$ or house) |
| State and Local Real Estate taxes | \$ |
| State and Local Personal Property taxes (car, boat, etc.) | \$ |
| Foreign tax paid (mutual funds and stocks) | \$ |
| Other (for example, taxes on utilities, cable, etc.) | \$ |
| Other | \$ |
| I have kept receipts for general sales tax paid. | |
| Interest paid : Do not include taxes paid for full or partial business or rental- home. Provide all Forms 1098 or lender information and ID numbers. | -use property, including business use of the |
| | * |

| Home mortgage interest and points reported on Form 1098* | \$ |
|--|----|
| Home mortgage interest not reported on Form 1098 | \$ |
| Investment Interest (not management fee) | \$ |



| | 1 | |
|--|---|---|
| *You can deduct mortgage interest on two he cooking and toilet facilities. | omes. For mobile home, co | ndominium, boat, etc., if it has sleeping space, |
| *Home Equity Loan's interest and Home Equipse the taxpayer's main home or second | • | eted only when money is used to buy, build, or utine repairs. |
| If interest was paid to an individual instea | ad of a bank or lending c | ompany: \$ |
| Name of individual | His/her Sc | ocial Security number |
| Address | City | State Zip |
| Gifts to Charity*: If over \$500 in noncas that the taxpayer retains documentation for | | provide details of contributions. Rules require |
| Cash or check | | \$ |
| I transferred funds from an IRA dire | ectly to a charity. \$ | |
| Noncash contribution (FMV) \$500 | or less (total) | \$ |
| \$500 |) or more (total) | \$ |
| *Clothing or household items must be in go | ood used condition or better | |
| Indiana and Michigan clients list any | ⁷ college donations | \$ |
| Number of Miles driven for charity and | d not reimbursed | |
| Allowed charity deductions must | follow under these guid | lelines: |
| Must be a 501 c(3) (IRS website that vero <u>Churches</u> are not required to reg Must maintain written proof of donation Must have written record from non-profit | gister with the IRS so may r t if \$250 or greater | not be listed. |
| | s to what the items you don | sehold items must be in good used condition or ated would sell for if sold to another party. You DonationValueGuide |
| If you donate a car to a non-profit, the or | | |
| | return you receive somethin | g of value, the value of the property given |

- If you donate more than a total of \$500 in non-cash items, form 8283 must be completed which lists the items donated, whom donated to, and the fair market value.
 - List below the items donated if the total is more than \$500 in non-cash donations. Complete as much information as you can.

| | | Clergy | Page 23 of 31 | |
|---|--------------------|---|--|--|
| Name of Organization | | Address | Description of property | |
| | | Acquired How acquired | | |
| Original Cost \$ Fair Market Value at the time of donation \$ | | | | |
| Name of Organization | | Address | Description of property | |
| | | | uired | |
| Original Cost \$ | Fair Ma | rket Value at the time of | donation \$ | |
| | | | | |
| | | | | |
| Date property was damage | ged or stolen | Cost or c | other adjusted basis \$ | |
| | | | e after incident \$ | |
| Insurance reimbursement \$ | | | | |
| Miscellaneous Deductions*: Subject to the 2% AGI limitation are no longer deductible on the federal return. However, these expenses may still be deductible on state returns for AR, CA, NY, and PA. For use of home, auto mileage, or other job-related expenses, provide information in the appropriate forms: Minister Worksheet or Schedules C, E, or F. Were any expenses reimbursed by your employer? How much? | | | | |
| Dues \$ Inve | estment expenses S | \$ Job educa | tion \$ Job seeking \$ | |
| Legal fees \$ | Licenses \$ | Safety equipment \$ _ | Subscriptions \$ | |
| Supplies \$7 | Fax prep fees \$ | Tools \$ | _ Uniforms / work clothing \$ | |
| Union dues \$ | Safe deposit bo | oxes \$ Other | r \$ | |
| | | per deductible starting in 20 expenses to lower self-emp | 18. Even though not deductible on ployment income. | |



| Miscellaneous Deductions not subject to a 2% of income limit: | | | |
|---|----|-------------------------------------|--|
| Gambling losses and expenses | \$ | _ | |
| Impairment – related expenses | \$ | _ | |
| Federal estate tax on IRD | \$ | _ (Income in respect of a decedent) | |
| Loss from box 2, K-1, Form 1065B | \$ | _ | |
| Other deductions or questions: | | | |
| | | | |
| | | | |
| | | | |

*Gambling losses are deductible only up to the number of gambling winnings reported. A log must be kept verifying losses.

*Work clothing is not deductible if adaptable for everyday wear. Exception for safety equipment, such as steel-toe boots.

*Expenses to enable individuals who are physically or mentally impaired to work are generally deductible.



| SCHEDULE C (The year 2023) Please do not use this Schedule if you are a minister and you used the Ministerial Worksheet for your ministerial income and expenses. Please Check All Applicable Power | | | |
|---|--|--|--|
| ministerial income and expenses. Please Check All Applicable Boxes | | | |
| Business Name: EIN: Set up as LLC | | | |
| Owned by: Taxpayer Spouse Joint (setup as Qualified Joint Venture) | | | |
| Principal Business or profession (or enter SIC code if known) | | | |
| Business Address: | | | |
| Accounting Method: Cash Accrual The business was started or acquired in 2023 | | | |
| Did you make any payments that would require filing Forms 1099? Yes No | | | |
| If "Yes", did or will the taxpayer file all required Forms 1099? Yes No | | | |
| Income and Expenses | | | |
| | | | |
| Gross receipts \$ | | | |
| Returns or allowances \$ | | | |
| Other Income \$ | | | |
| Total Income \$ | | | |
| Advertising \$ | | | |
| Car and truck expenses (calculate using automobile expenses) \$ | | | |
| Commissions and fees \$ | | | |
| Contract labor (subject to 1099s) \$ | | | |
| Depreciation (if known, if not see section on next page) \$ | | | |
| Employee benefit programs \$ | | | |
| Insurance (other than health insurance) \$ | | | |
| Interest: Mortgage \$ | | | |
| Interest: Other (loans, etc.) \$ | | | |
| Legal and professional fees \$ | | | |
| Office supplies and expenses \$ | | | |
| Pension and profit sharing \$ | | | |

| Page | 26 | of | 31 |
|-------|----|----|-----|
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| | Clergy | |
|--|-------------------|----|
| Rent of property – vehicle, machinery | | \$ |
| Rent or lease of office space, building, etc | | \$ |
| Repairs and maintenance | | \$ |
| Supplies (not cost of goods) | | \$ |
| Taxes and licenses | | \$ |
| Travel expenses - (hotels, car, airline, etc | ., but not meals) | \$ |
| Meals | | \$ |
| Utilities | | \$ |
| Wages (employees not the owner) Other expenses (list below) | | \$ |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| Total Expenses | | \$ |
| Cost of Goods: Inventory at the beginning of the year | \$ | - |
| Purchases of all goods for resale | \$ | - |
| Cost of labor directly related to jobs | \$ | - |
| Materials and supplies used for jobs | \$ | - |
| Inventory at end of the year | \$ | _ |

Depreciable Assets:

Do you have any depreciable assets? (if you are a current client, we should have a list, so only include depreciable assets purchased in 2023). If you are a new client, either include the information below or include the previous year's tax return with depreciation schedule). Depreciable equipment is usually considered items with a life of more than one year.



Page 27 of 31

| | Purchase | ed Equipment | |
|---|--|--|--|
| Equipment | Type of Equipment | Date Purchased | <u>Cost</u> |
| | | \$ | \$ |
| | | \$ | \$ |
| | | (| \$ |
| | | | δ |
| | Dispose | d Equipment | |
| <u>ltem</u> | Disposed or Sold | Date Disposed | Sold for? |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| the <u>church</u> cannot clain Did you operate your bus to your office (does not ne | on (a minister who claims housin in the home office deduction) iness out of your home? If so, is the eed to be enclosed space but cann al place of business? (You cannot l | e space you used a space that i ot be place such as dining room | s regularly used and exclusive table). |
| I had a home offic | ce. | | |
| l operate a dayca | re out of my home. | | |
| Number of months offic | e was in the home: T | otal square feet of your home |) |
| There are two method | s to calculate this deduction | - choose one or complete a | and we determine |
| Total square feet of you | ur office: x \$5.00 = \$ | deductible amount | (up to 300 square feet) |
| You can also take the f | ull deduction on Schedule A of I | mortgage interest, insurance, | etc. |
| OR Use the actual expense | es: (not needed if you take opt | ion 1 above) | |
| Total square feet of you | ur office Total squa | re feet of your home or apart | ment |

Mortgage interest (not deducted on Schedule A) \$ _____

Real estate taxes (not deducted on Schedule A) \$ _____

Insurance \$ _____

| Rent | \$ | |
|------|----|--|
|------|----|--|



| | | í. | Clergy | | | 1 age 20 01 3 1 |
|---|---------------------|---|----------------|------------------|-----|---|
| Repairs and mai | ntenance \$ | | | | | |
| Utilities \$ | | | | | | |
| Other Expenses | \$ | | | | | |
| Depreciation \$ _ | | | | | | |
| | | We will call you if | we need more | information. | | |
| (Do no | | bile Expenses – A | | | | e nses al Worksheet section). |
| Auto Expenses | i | | | | | |
| When did you pla | ace vehicle in serv | vice for business p | ourpose? | | | Business % Use |
| What is the vehic | cle you used (yea | r, make, and mode | el)? | | | |
| Mileage Claim: | Of the total miles | you drove, enter t | he following n | niles: | | |
| Business miles: | | Parking fees: \$ _ | | Foll charges | s\$ | |
| Commute and P | ersonal miles: | | | | | |
| Was your vehicle | e available for per | sonal use during o | off-duty? | Y | Ν | |
| Do you or your s | pouse have anoth | ner vehicle for pers | sonal use? | Y | Ν | |
| Do you have evi | dence to support t | this deduction? | | Y | Ν | |
| If yes, is the evid (There is no deduc | | se unless you have | an evidence to | Y support it) | Ν | |
| - | · | · | | | | |
| Actual Expense | es Claim: | | | | | |
| - | - | s, or are required or state that the v | = | - | - | will still need to complete ness. |
| Cost of vehicle: | \$ | Gas: | \$ | | | |
| Insurance: | \$ | Licenses: | \$ | | | |
| Oil: | \$ | Repairs: | \$ | | | |

| Property Taxes: | \$ | Depreciation: | \$ |
|-----------------|----|---------------|----|
| порену талез. | Ψ | Depresiation. | Ψ |

Lease Payments: \$ _____

*Most of the time, it is more beneficial to use Mileage Claim. You can't switch from Actual Expenses Claim to Mileage Claim if you used Actual Expenses Claim in the first year.



Schedule E – Rental and Royalties Income (The year 2023)

Please Check All Applicable Boxes

If you have more than one rental property, each property requires a Schedule E. Either download the Schedule E from our website, SecureFilePro Public Folder, or we can use your accounting records. If sending your accounting records, be sure to include all information listed below.

| | | Multi-Family Residence | ce, Vacation/Short-Te | erm Renta | , Commer | cial, Land, Royalties, | |
|-------------|-------------------|--|-----------------------|-----------|-----------|------------------------|--|
| Address of | of Property | | | | | | |
| Owner of | Property: | Taxpayer | Spouse | | Joint | t | |
| | | y for more than 14 d ou do not need to co | | | | y days? enses). | |
| Did you u | se this property | y personally for more | e than 14 days or 1 | 0% of the | total ren | tal days? | |
| Yes | s No | How many days? | | | | | |
| Did you m | nake any paym | ents that would requ | ire filing Forms 10 | 99? | Yes | No | |
| lf "Yes", d | id or will the ta | xpayer file all require | ed Forms 1099? | Yes | No | | |
| Rer | ital Income | | | | | \$ | |
| Rer | tal Expenses: | : | | | | | |
| Adv | ertising | | | \$ | | | |
| Auto | o and travel | | | \$ | | | |
| Mea | als | | | \$ | | | |
| Clea | aning and main | ntenance | | \$ | | | |
| Cor | nmissions | | | \$ | | | |
| Cre | dit card fees / b | oank fees | | \$ | | | |
| ไทรเ | irance | | | \$ | | | |
| Leg | al and professi | onal fees | | \$ | | | |
| Mar | nagement fees | | | \$ | | | |
| Mor | tgage interest | (include Form 1098) |) | \$ | | | |
| Rep | pairs | | | \$ | | | |
| Sup | plies | | | \$ | | | |
| Tax | es | | | \$ | | | |

| <u>.</u> | Page 30 of 31 | | | | |
|--|--|---|--|--|--|
| | | | | | |
| Utilities | \$ | | | | |
| Other expenses: | | | | | |
| | \$ | | | | |
| | \$ | | | | |
| | \$ | | | | |
| | \$ | | | | |
| | Total Expenses | \$ | | | |
| Depreciation: Complete this section only if this propert depreciation schedule from last year's tax return | y is new or you are a new cli | ent. Please send in the | | | |
| Date property purchased Date prope | erty placed in service | | | | |
| Purchase price of property | \$ | | | | |
| How much of the price was the cost of the lot / land? | \$ | | | | |
| Has the property been depreciated on past tax returns? | Yes | No | | | |
| If yes, what amount has been depreciated? | \$ | | | | |
| How many years has property been depreciated? | | | | | |
| Depreciable Assets – I Did you make improvements to the property? (if you are a cu improvements made in 2023. If you are a new client, please previous year's tax return with depreciation schedule). | Improvements to Proper Irrent client, we should have include the information below | a list, so only include | | | |
| What is a repair, what is an improvement? An improvement to changed to the property that is a "Betterment", an "Adaptatio improvement you made increased the value of the property of it is probably an improvement and needs to be depreciated. I www.ClergyTaxTeam.com for more information. | n" or a "Restoration" of the p compared to what it was befo | roperty. In effect, if the ore the improvement was made, | | | |
| Improvement to property | | | | | |
| Type of improvement or addition of equipment | Date purchased | Cost | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |

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|---|--|--------------------------|---------|----------------|
| | Disposed Equipr | nent | | |
| Item | Disposed or Sold | Date Dispo | osed of | Sold for? |
| | | | | \$ |
| | | | | \$ |
| | mobile Expenses – Actual Mile ction for any car expenses already cl | | | |
| Auto Expenses: | | | | |
| When did you place vehicle in | service for business purpose? | | _ | Business % Use |
| What is the vehicle you used (| year, make, and model)? | | | |
| Mileage Claim: Of the total m | niles you drove, enter the following | g miles: | | |
| Business miles: | Parking fees: \$ | Toll charge | es \$ | |
| Commute and Personal miles | · | | | |
| Nas your vehicle available for | personal use during off-duty? | Y | Ν | |
| Do you or your spouse have a | nother vehicle for personal use? | Y | N | |
| Do you have evidence to supp | oort this deduction? | Y | N | |
| f yes, is the evidence written? There is no deduction for auto e | xpense unless you have evidence to | Y support it <u>)</u> | Ν | |
| Actual Expenses Claim: | | | | |

If you want to take actual expenses, or are required to, complete the following. You will still need to complete the Mileage Claim section (above) or state that the vehicle was used 100% for business.

| Cost of vehicle: | \$ | Gas: | \$ | | |
|--------------------|----|---------------|----|--|--|
| Insurance: | \$ | Licenses: | \$ | | |
| Oil: | \$ | Repairs: | \$ | | |
| Property Taxes: | \$ | Depreciation: | \$ | | |
| Lease Payments: \$ | | | | | |

*Most of the time, it is more beneficial to use Mileage Claim. You can't switch from Actual Expenses Claim to Mileage Claim if you used Actual Expenses Claim in the first year.