

Ministers & Clergy Only - Complete The Next 2 Pages

If this does not apply please skip the next 2 pages. If this section does apply, your Client Organizer may repeat some of the information below. If it does you may ignore the information requested on the Client Organizer.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|
| * Have you elected out of paying self-employment tax on your ministerial income? If "Yes", please provide a copy of the IRS approved Form 4361-if not already provided to us. | | |
| * Please list all of your <u>ministerial</u> income sources and amounts for the year: | | |
| > W-2 income from church _____ | | \$ _____ |
| > W-2 income from church _____ | | \$ _____ |
| > Pension income from _____ | | \$ _____ |
| > Self-employment income from _____ | | \$ _____ |

If you had **self-employment** income, list any expenses incurred related to that income:
(Unreimbursed employee expenses are listed below. Do not include those expenses here.)

Supplies \$ _____; Books \$ _____; Business meals \$ _____

Other \$ _____; Business miles driven _____

- * Do you (check the one that applies) _____ Own _____ Rent your own home, or
do you _____ live in a church owned parsonage?

> If you live in a church owned parsonage, what is the annual fair rental value of
the home that is provided to you? \$ _____

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|
| * Did you receive a properly designated minister's housing allowance? If "Yes", list the source(s) and amount of your designated housing allowance: | | |

> From W-2 income - designated housing allowance is \$ _____

> From Pension income - designated housing allowance is \$ _____

> From Form 1099-MISC - designated housing allowance is \$ _____

- * What is the **monthly** fair-rental value of your home, **excluding** utilities? \$ _____

How was this amount determined? _____

If you have not already, please provide documentation supporting the annual fair
rental value. (i.e. Real estate broker's estimate, etc.)

(if applicable, continue to next page)

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| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| * Did you have any unreimbursed employee (W-2) business expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", please provide total expenses by category, including, if any, business miles driven. | | |
| Supplies \$ _____; Books \$ _____; Business meals \$ _____ | | |
| Other \$ _____; Business miles driven that were not reimbursed _____ | | |

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| If you turned these expenses in to your employer, would you be reimbursed? | <input type="checkbox"/> | <input type="checkbox"/> |

MINISTER'S HOUSING RELATED EXPENSES:

Please provide how much was spent on housing related expenses during the year:

| | |
|--|-------------------|
| > Mortgage payments (including principal and interest) | \$ _____ |
| > Home equity line of credit payments, where loan proceeds were used to improve or maintain your primary residence | \$ _____ |
| > Home or apartment rent | \$ _____ |
| > Real estate taxes | \$ _____ |
| > Home insurance | \$ _____ |
| > Furniture / Fixtures | \$ _____ |
| > Repairs / Maintenance | \$ _____ |
| > Supplies used on home | \$ _____ |
| > Local land line telephone (including cell phone) | \$ _____ |
| > Utilities - Total Paid --> | \$ _____ |
| Utilities consist of: | |
| - Electric | \$ _____ |
| - Gas | \$ _____ |
| - Water | \$ _____ |
| - Sewage | \$ _____ |
| - _____ | \$ _____ |
| > Other _____ | \$ _____ |
| TOTAL HOUSING EXPENSES PAID --> | \$ _____ ===== |

[End of Taxpayer Questionnaire]