

Ministry Income for Tax Year _____

Send completed forms and accompanying documents to
Wellspring Tax Service, 1101 Washington Boulevard - Suite B, Belpre, Ohio 45714

Name	DOB / /	SS # - -
Visa/MC#	Card exp. /	County

PAY PACKAGE BREAKDOWN (List **only** those amounts that **apply**):

1	Value of provided home (list one year rental value) Be conservative!	\$
2	Amount paid by your church <i>directly to others</i> for your housing and/or utilities	\$
3	Amount (other than salary) you received for housing, utilities, etc.	\$
4	Amount paid by the church directly to IRS or SSA or to you for IRS/SSA pymt	\$
5	Amount received as Salary or Wages (do not include any amounts already listed in this section)	\$
6	Any other money received. Type:	\$

7	Figure your income	
a	Add Lines 1-6 from above (subtotal)	\$
b	Subtract Housing Exclusion (DPA)	\$
c	Total Federally Taxable Income (a minus b)	\$

7b must match
W-2 (box 14 or
1099 (box 14) if
amount is listed.

Are you exempt from paying SS tax? (Having filed form 4361)	
Did we calculate your housing allowance?	

7c must match
W-2 (box 1) or
1099 (box 7).

NON-TAXED BENEFITS (Fringe benefits paid by church):

Retirement paid (TSA, IRA, Annuity, etc.)	\$
Health and Accident insurance	\$
Group Term Life Insurance	\$

EXPENSES REIMBURSED*(Important! These amounts are not to be listed as income on lines 1-6 above)

Disability Insurance	\$	Travel Expense Reimbursement	\$
Educational Expenses/Seminars	\$	Business Expense Reimbursement	\$
Auto Expense Reimbursement	\$		

*The amount you list as deductible on the expense sheet is the amount above any reimbursement listed here.

OTHER INCOME* (Interest, Dividends, Honoraria, Spouse income, etc.):

	\$
	\$
	\$

*Please send all
income statements
for other income.

*If you have another business (e.g. babysitting, real estate) complete the worksheets at BennettTaxService.com.

PERSONS YOU ARE CLAIMING (include all others including your spouse)

Full Name	Social Security Number	DOB	Relationship

Ministry Expenses For Tax Year _____

Church/Organization	Home Phone
Email Address	Work Phone

UNREIMBURSED BUSINESS EXPENSES:

Unreimbursed <i>Ministry</i> miles driven	
All other miles driven	
Make/Model/Year of vehicle	
Fees, Membership dues, etc. (tax Preparation)	\$
Legal and Professional Services	\$
Books and Periodicals	\$
Business Equipment (Computer, etc. – send an itemized list for major purchases)	\$
Office Supplies, Postage, Cards	\$
Travel (Motel, etc.)	\$
Meals and Entertainment away from home	\$
Meals at home for guests (meals = \$5.00 per person, Snacks = \$2.50 per person)	\$
Seminars, Conferences, Camps, Job-related educational expenses	\$
Other (list)	\$

DEDUCTIBLE PARSONAGE EXPENSES THAT YOU PAID:

Decorator items (Paint, Rugs, Sheets, Towels, etc.)*	\$
Furnishings and Appliances (Vacuum, TV, Piano, Dishes, Lawn equipment, etc.)*	\$

*Send an itemized list for all qualifying decorator and furnishing/appliance items.

Rent	\$	House: Principle paid	\$
Insurance on contents	\$	House: Mortgage interest	\$
Real Estate Taxes	\$	Home Equity Loan interest	\$
Personal Property Taxes, etc.	\$	Home Insurance	\$
Down Payment on a home (Send settlement sheet; included in DPA)			\$
Home Improvements (new roof, room addition, garage, patio, etc.)			\$
Repairs and Upkeep (lawn, appliance repair, home repair)			\$
Supplies (cleaning supplies, lawn/garden supplies, light bulbs, trash bags, etc.)			\$
Utilities (electric, heat, phone, cable, sewer, garbage, etc.)			\$

DEDUCTIBLE MISCELLANEOUS EXPENSES THAT YOU PAID

Term Life Insurance	\$	Non-reimbursed Medical	
Disability Insurance	\$	Health Insurance	\$
IRA contributions for the year	\$	Deductibles Paid	\$
Moving expenses (unreimbursed)	\$	Medical, Dental, Optical	\$
Contributions to Church, etc.	\$	Other Medical Insurance	\$

QUARTERLY TAX PAYMENTS THAT YOU PAID

To IRS (other than your W-2 federal withholdings in box 2)	\$
To State (other than your W-2 state withholdings in box 17)	\$