

Ministry Income & Expense Form - Tax Year 20__

Wellspring Tax Service

1101 Washington Blvd., Unit B - Belpre, Ohio 45714
740.401.0829 - 740.401.1977 fax
wellspringtaxservice@gmail.com

Please fill out these forms with as much information as you can provide. You must also provide copies of any tax forms that support the information supplied on this form (such as W2, 1099, expense breakdown, etc). If unsure of what needs to be reported or supplied to us, please contact us.

Name: _____ Date of Birth: _____ Soc. Sec. Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____ Church: _____

NAMES OF INDIVIDUALS YOU CAN CLAIM ON YOUR TAX RETURN (include Spouse & Children)

Name: _____ SS#: _____ Date of Birth: _____ Relationship: _____

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PAY PACKAGE BREAKDOWN

Value of **provided** home (list one year rental value) - Be Conservative! \$ _____

Amount paid by your church directly to others for your housing and/or utilities \$ _____

Amount (other than salary) you received for housing, utilities, etc. \$ _____

Amount paid by the church directly to the IRS or SSA or to you for IRS/SSA payment \$ _____

Amount received as Salary or Wages (do not include any amounts already listed in this section) \$ _____

Any additional money received - Type: _____ \$ _____

Total of lines above (which is your Total Income) \$ _____

Housing Allowance Amount (this amount must match what is listed on your W2 or 1099 for housing) \$ _____

Are you exempt from paying Soc. Sec. tax? Y or N Have you filed For 4361? Y or N

Total Federal Taxable Income (this amount must match what is listed on your W2 or 1099) \$ _____

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

Retirement Paid (TSA, IRA, Annuity) \$ _____

Health and Accident Insurance \$ _____

Group Term Life Insurance \$ _____

OTHER INCOME (Interest, Dividends, Honoraria, Spouse Income)

(All statements for this income must be provided to our office)

Income Type: _____ \$ _____

Income Type: _____ \$ _____

Income Type: _____ \$ _____

QUARTERLY TAX PAYMENTS PAID BY YOU

To IRS (other than withholdings on your W2 or 1099) \$ _____

To State (other than withholdings on your W2 or 1099) \$ _____

NON-REIMBURSED BUSINESS EXPENSES

Non-Reimbursed Ministry miles driven _____

All other miles driven _____

Make/Model/Year of Vehicle used _____

Fees paid for services, Professional Membership Dues, etc \$ _____

Legal and Professional Services \$ _____

Books and Periodicals \$ _____

Business Equipment (computer, etc - send an itemized list for major purchases) \$ _____

Office Supplies, postage, cards \$ _____

Travel (hotel, parking, etc.) \$ _____

Meals and entertainment away from home \$ _____

Meals at home for guests (\$5.00 per person, Snacks \$2.50 per person) \$ _____

Seminars, conferences, camps, job-related educational expenses \$ _____

Other: _____ \$ _____

DEDUCTIBLE PARSONAGE EXPENSES PAID BY YOU

Receipts for all items must be kept with your tax return once completed. An itemized list with totals is all that needs to be submitted to us as back-up to the figures you have provided on this form.

Rent \$ _____

Insurance on contents \$ _____

Real Estate Taxes \$ _____

Personal Property Taxes \$ _____

House Principle Paid \$ _____

House Mortgage Interest \$ _____

Home Equity Loan Interest \$ _____

Home Insurance \$ _____

Down Payment on Home (send settlement sheet; included in DPA) \$ _____

Home Improvements (new roof, room addition, garage, patio, etc) \$ _____

Repairs & 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.) \$ _____

Decorator Items (paint, rugs, sheets, towels, etc - must provide itemized list for all items) \$ _____

Furnishings and Appliances (vacuum, TV, piano, dishes, lawn equipment - must provide itemized list for all items) \$ _____

DEDUCTIBLE MISCELLANEOUS EXPENSES PAID BY YOU

Receipts for all items must be kept with your tax return once completed. An itemized list with totals is all that needs to be submitted to us as back-up to the figures you have provided on this form.

Term Life Insurance \$ _____

Disability Insurance \$ _____

Health Insurance \$ _____

Deductibles Paid \$ _____

Medical, Dental, Optical \$ _____

Other Medical Insurance \$ _____

Total IRA Contributions for the year \$ _____

Moving Expenses(not already reimbursed) \$ _____

Tithes/Offerings/Charitable Donations \$ _____