

# Tax Data Questionnaire 2010

The LIFE Financial Group, Inc. (610) 385-4500 or toll free (800) 688-5800

Check here if this is the first year we have prepared your return.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Note: If you lived in more than one state, please answer question #14, page 6.**

Email Address \_\_\_\_\_ Do you receive our emails? \_\_\_\_\_

School District \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Dependents (Do not include yourself or your spouse; list only those you wish to claim.)

Name	SSN (required)	Birth Date	Relation- ship	2010 Gross Income	*Full-Time Student
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If college student, please fill in the top of page 7.

## Income from Church/Ministry (Non-ministry income, see page 2)

1. Salary not including housing allowance  
(should equal W-2, block 1) ..... \$ \_\_\_\_\_

2. Unused housing allowance (not included in W-2, block 1) ..... \$ \_\_\_\_\_

3. Amount of used housing allowance that you actually spent  
from your salary and not included in your W-2, block 1  
(cannot be more than your approved housing allowance) ..... \$ \_\_\_\_\_

4. The total of items 1, 2 and 3 should equal the total cash  
salary received from church for the year. .... \$ \_\_\_\_\_

5. The total of items 2 and 3 should equal the amount  
of the approved housing allowance for the year. .... \$ \_\_\_\_\_

## Church-Owned Parsonage (if applicable)

List the annual Fair Market Rental Value (FMRV) of the parsonage  
including any utilities paid by the church. Pro-rate if occupied only  
part of the year. .... \$ \_\_\_\_\_

**PULL OUT THIS BLUE SECTION FOR TAX PREPARATION**

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

The LIFE Financial Group, Inc. 978 Ben Franklin Hwy E, Douglasville, PA 19518

**Other Income (not listed on page 1)**

Your income (include W-2s) ..... \$ \_\_\_\_\_  
 Spouse income (include W-2s) ..... \$ \_\_\_\_\_  
 Social Security Retirement Benefits ..... \$ \_\_\_\_\_  
 Did you receive \$250 stimulus? \_\_\_\_\_  
 Spouse Social Security Retirement Benefits ..... \$ \_\_\_\_\_  
 Did spouse receive \$250 stimulus? \_\_\_\_\_  
 2009 state and city income tax refund received in 2010 ..... \$ \_\_\_\_\_  
 Interest income (if over \$1,500, itemize below) ..... \$ \_\_\_\_\_

Source of Interest Income	Amount

Note: If the above income is from a seller-financed mortgage, include the Social Security number and address of the buyer.

Dividend income. **Enclose all 1099 DIV statements.** It is important to send your statements for accurate reporting purposes.

Did you incur miscellaneous business income and **related** expenses for 2010? Do not include amounts on W-2s or expenses listed on pp. 3-4 that relate to your church income. List income by source and include any 1099-MISC income.

**Schedule C**

Income	Amount	Husband or Wife?	Expenses *	Amount	Husband or Wife?
Honorariums		H <input type="checkbox"/> W <input type="checkbox"/>	Motels & Lodging		H <input type="checkbox"/> W <input type="checkbox"/>
Commissions		H <input type="checkbox"/> W <input type="checkbox"/>	Office Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Babysitting		H <input type="checkbox"/> W <input type="checkbox"/>	Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Odd Jobs		H <input type="checkbox"/> W <input type="checkbox"/>	Business Telephone		H <input type="checkbox"/> W <input type="checkbox"/>
Services		H <input type="checkbox"/> W <input type="checkbox"/>	Meals & Entertainment		H <input type="checkbox"/> W <input type="checkbox"/>
			Business Mileage (list number of miles)		H <input type="checkbox"/> W <input type="checkbox"/>

\* Do not duplicate expenses shown on page 4.

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2010 for which you received a 1099-B? You must include the following information to supplement your 1099-B.

**Schedule D**

Description	Date Purchased	Basis*

\* This is usually the amount of the original purchase or investment. Most of the time your investment company will be able to provide this figure. Because of confidentiality laws, you must call your investment company yourself.

Did you receive a pension, annuity or IRA distribution (include 1099-R)?  Yes  No

Amount..... \$ \_\_\_\_\_

Did you use the money for a first-time home purchase, medical bills or college tuition (only applies to IRA)?.....  Yes  No

Did you roll this into another pension within 60 days? .....  Yes  No

Did you convert your IRA to a ROTH in 2010?.....  Yes  No

**IRA Contributions (Amounts deposited for 20%); Not a 403-b**

Husband Traditional IRA: \$ \_\_\_\_\_ Roth IRA: \$ \_\_\_\_\_

Wife Traditional IRA: \$ \_\_\_\_\_ Roth IRA: \$ \_\_\_\_\_

**Automobile Ministry Miles (do not include if reimbursed)**

Commuter mileage is non-business; churches cannot reimburse commuting.

Total miles driven for 2010 (personal + commute + business)..... \_\_\_\_\_

Total business miles ..... \_\_\_\_\_

Was the vehicle used for commuting?.....  Yes  No

If so, what is the round-trip commute? \_\_\_\_\_ Total commute miles? \_\_\_\_\_

Is another vehicle available for personal use?.....  Yes  No

**Does the church own the vehicle you are driving?**.....  Yes  No

If so, an amount needs to be added to your W-2, block 1. Please refer to our website for details.

**You must have adequate records or sufficient written evidence to justify any automobile deduction.**

**Ministry Expenses** (List only unreimbursed expenses related to your W-2 church income. **Do not complete if reimbursed. Do not duplicate expenses on page 2, Schedule C.**)

Office supplies ..... \$ \_\_\_\_\_

Religious materials ..... \$ \_\_\_\_\_

Subscriptions and dues ..... \$ \_\_\_\_\_

Seminars, conferences, motels and lodging ..... \$ \_\_\_\_\_

Educational expenses ..... \$ \_\_\_\_\_

Business telephone (long distance only) ..... \$ \_\_\_\_\_

Meals and entertainment ..... \$ \_\_\_\_\_

Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_

Travel ..... \$ \_\_\_\_\_

**Schedule A: Itemized Deductions**

**Medical and Dental Expenses** (*Do not include expenses covered by insurance or HSA.*)

Total medicine, drugs, insurance premiums paid by you, doctors, dentists, hospital bills, hearing aids, eyeglasses, Medicare part B & D, etc. \$ \_\_\_\_\_

Medical miles driven ..... \_\_\_\_\_ miles

**Taxes**

We need your real estate tax even if you do not itemize.  
State and local income taxes—we will calculate for you.

Sales Tax paid on vehicles ..... \$ \_\_\_\_\_  
New  Used  Date Purchased \_\_\_\_\_

Real estate tax on home or property (not a rental) ..... \$ \_\_\_\_\_

Annual automobile registration fee (not sales tax);  
list amount deductible, listing each auto separately. .... \$ \_\_\_\_\_

**Interest Expense (include Form 1098)**

Home mortgage interest (not a rental) ..... \$ \_\_\_\_\_

Qualified Mortgage Insurance Premiums ..... \$ \_\_\_\_\_

**Contributions**

Check/cash contributions ..... \$ \_\_\_\_\_

Charitable miles @ \$.14 per mile ..... \$ \_\_\_\_\_

Value of items given away (if over \$500, we will include Form 8283  
for you to complete). .... \$ \_\_\_\_\_

**Total Contributions.** ..... \$ \_\_\_\_\_

**Miscellaneous Deductions**

Union dues ..... \$ \_\_\_\_\_

Required uniforms (not dress clothes) ..... \$ \_\_\_\_\_

Safe deposit box ..... \$ \_\_\_\_\_

Income tax preparation paid in 2010 ..... \$ \_\_\_\_\_

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## Tax Data Checklist

1.  I've included my 2009 Federal and State tax return unless The LIFE Financial Group, Inc. prepared them.
2.  I've included all 1098s, 1099s, and W-2s. Keep photocopies for yourself and send us all originals. **Please send at least three (3) of each W-2.**
3. If you bought or sold a home in 2010:  
Did you live in the home you sold for at least two of the past five years?  Yes  No  
If no, please include the closing/settlement statement(s) from the purchase and the sale.  
Have you owned a home in the previous three years?  Yes  No
4. Are you exempt from Social Security taxes and have you filed Form 4361?  
 Yes  No Please send a copy for our files.
5. Are you licensed, commissioned or ordained?  Yes  No
6. Did you refinance your home?  Yes  No  
If yes, what is the length of the loan in years? \_\_\_\_\_ Include closing settlement statement.
7. Did you incur moving expenses due to a job change?  Yes  No  
Give details on a separate sheet. Do not include if reimbursed.
8. Did you have rental income and expenses from a house or apartment you rent to someone?  Yes  No Give details on separate sheet.
9. Amount of out-of-state purchases that you made without paying sales tax \$\_\_\_\_\_.
10. Were you living in the U.S. for at least 6 months in 2010?  Yes  No  
If no or you lived outside the U.S., see question 14.
11. Did you make HSA/MSA contributions? If yes, include all HSA/MSA 1099s and amounts contributed below. Employee contributions are amounts contributed from your taxable income. Employer contributions are pre-tax.  
Employee \_\_\_\_\_ Amount \_\_\_\_\_  
Employer \_\_\_\_\_ Amount \_\_\_\_\_  
Amount of Distribution (include 1099) \_\_\_\_\_

**Please do not send us receipts to support any amounts listed on page 4.**

**Do not send Federal and State booklets and forms or labels.**

**Certified or return receipt mail takes longer to reach us. Please allow extra time if you choose to use these options.**

**When you mail us your return please make sure you account for all your W-2s and 1099s. Refer to our checklist at [http://k k k 'h Y}Z\[f cfi d'cf\[](http://k k k 'h Y}Z[f cfi d'cf[)**

**We mail your return via regular mail. If you would like your return expedited, please include a postage-paid envelope.**

12. Childcare expenses while you both worked or looked for work. Persons or organizations providing the care (nursery and kindergarten tuition/fees may qualify for the credit).

Name of Person Providing Care	Address	Social Security Number or EIN	Amount

13. Amount deposited as estimated federal and state tax for 2010. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2009	\$		\$	
1st Quarter April 15	\$		\$	
2nd Quarter June 15	\$		\$	
3rd Quarter September 15	\$		\$	
4th Quarter January 15	\$		\$	
Paid with Extensions	\$		\$	
<b>Total Deposits</b>	\$		\$	

14. **Part-year residents, list all your income, including unused H/A, honorariums, investment income, etc., by state and list exact dates of residency. Foreign missionaries, list dates you were in the U.S.**

Type of Income	State	Dates	Amount
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____