

2019 Minister's Tax Organizer Supplement

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This supplement is for ordained, licensed, and non-ordained clergy and ministerial staff persons. Some items are only applicable to duly licensed and ordained ministers. If you have any questions as to their applicability in your situation please contact me.

The attached materials are designed to help you maximize your deductions and tax strategies. Please give special attention to these pages as they contain items unique to your situation.

Name: _____

Are you an ordained/licensed minister? Yes No
If yes, date of ordination/licensing: _____

Have you filed for an exemption from Social Security? Yes No
If yes, do you have a copy of the Exemption Form 4361 on File? Yes No

Is housing allowance included in:

- Box 14 of your W2 (check all that apply)**
- Letter from your church**
- Box 1 of your W2**
- Box 7 of your 1099**
- None of the above**

Please provide the following information to reach you if we need to clarify your data:

Home Telephone: _____

Church/Office: _____

Cell Phone (Husband): _____

Cell Phone (Wife): _____

Fax: _____

E-Mail (Work): _____

E-Mail (Husband): _____

E-Mail (Wife): _____

2020 TAX YEAR PROJECTION

ESTIMATED QUARTERLY TAX

If you want us to estimate your current year federal, state, Social Security, and Medicare taxes for filing quarterly tax payments please give us the following information:

Are you already on the Federal & State mailing list to receive preprinted estimated forms to file your quarterly taxes?

Federal: Yes No

State: Yes No

MINISTER'S 2020 PROJECTED INCOME

Base Salary	\$ _____
Housing/Parsonage Allowance	\$ _____
Social Security Offset Allowance	\$ _____
Other Projected Misc. Income	\$ _____

For Ministers Living in Church Parsonages please give the following values:

Parsonage Fair Rental Value	\$ _____
Estimate of Church Paid Utilities	\$ _____
Parsonage Allowance Designated	\$ _____

SPOUSE'S 2020 PROJECTED INCOME

Salary	\$ _____
Other Projected Income	\$ _____

Special Note: Please describe any special circumstances happening in life this year that would increase, decrease, or change your income or deductions.

Housing Note: Review your housing allowance and set or revise your housing allowance with your employer to be high enough to cover all "expected" housing expenses for 2019.

Minister's Self-Employed Income

Income received from revivals, seminars, weddings, funerals and misc., speaking engagements must be reported separately for tax purposes.

Please list Income received during the year for:

	<u>1099 Income</u> (You received 1099's)	<u>Non-1099 Income</u> (You did not receive 1099's)
1. Revivals	\$ _____	\$ _____
2. Weddings	\$ _____	\$ _____
3. Seminars	\$ _____	\$ _____
4. Funerals	\$ _____	\$ _____
5. Baptisms	\$ _____	\$ _____
6. Other Engagements	\$ _____	\$ _____
Total all above listed Income (Both 1099 and non-1099)		\$ _____

Please list Expenses associated with producing the above Ministerial Income:

Miles Traveled _____ (Only for Ministry Related Purposes listed above)

Hotel Expenses \$ _____

Meals Out of Town \$ _____

Office Expenses \$ _____

Supplies \$ _____

Airfare \$ _____

Parking Fees \$ _____

Other Expense \$ _____ (Please Describe)

IRS Requirement: If you deduct travel, entertainment, gift, transportation expenses, or other professional expenses, you must be able to prove (substantiate) certain elements of the expense. You should keep adequate records to prove your expenses in an account book, diary, log, statement of expense, trip sheets, etc. You generally must have documentary evidence, such as receipts, cancelled checks, or bills to support your expenses.

MINISTER'S TAX SUPPLEMENT: PROFESSIONAL EXPENSES

1. Does your church/employer reimburse your ministry related expenses using a strict "dollar for dollar" reimbursement arrangement? Yes No
2. Did you receive an allowance from your church/employer that is not on a strict "dollar for dollar" reimbursement plan? Yes No
 If yes, how much allowance did you receive? \$ _____
 Is this amount reported on your W-2 in box 1 as taxable income? Yes No

Please list **ONLY** those business expenses you personally paid for that were not reimbursed by your employer. You must retain receipts for all items listed below.

Office Supplies	\$ _____	Business Portion of Cell Phone	\$ _____
Internet/Online Fees	\$ _____	Computer Software	\$ _____
Ministry subscriptions & Periodicals/Journals	\$ _____	Ministerial Robes Baptismal/Wedding Purchase/Rental/Cleaning	\$ _____
Meals for Ministry Related Entertainment	\$ _____	Meals While Out of Town/Church Business	\$ _____
Seminar Registrations/Fees	\$ _____	Hotel/Travel	\$ _____
Professional Ministry Organization Dues	\$ _____	Travel/Airfare, Taxi, Rental Car	\$ _____
Interest Finance Charges for Ministry Indebtedness	\$ _____	Ministry Books Purchased	\$ _____
Parking Fees; Airport, Hospitals, etc.	\$ _____	Ministry Conventions/Denomination Meetings	\$ _____
Continuing Education Expenses (Tuition, Fees, Books, etc.)	\$ _____	Legal/Professional Services Accounting Fees	\$ _____
Professional Ministry Liability Insurance	\$ _____	Identity Protection Fees (Lifelock, etc.)	\$ _____
Income Tax Preparation	\$ _____	Bank Service Fees (Ministry Checking Act. Only)	\$ _____
Credit Card Annual Fees (Cards used for Ministry)	\$ _____	Honorariums/Wages/Fees Paid (Guest Ministers, Evangelists, Speakers, Musicians)	\$ _____
Gifts to Staff, Church Members		Percent Use of Home Telephone	\$ _____
Prospects: Weddings, Births Anniversaries, etc. (limit \$25 per person)	\$ _____	(Ministry Use Percentage: _____% If Applicable)	

Equipment Purchased for Ministry: *List in Detail* (Computer, iPad, Cell Phone, GPS System, Office Furniture, Copier, Shredder, etc.)

Item Purchased	Date Purchased	Cost	% Used in Ministry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MINISTRY AUTO EXPENSES WORKSHEET

1. Do you have a ministry mileage log book on record to verify mileage?
Yes No
2. Did your church give you: (check one)
Auto Allowance Reimbursement for Mileage Neither
3. If you received an auto allowance, how much did you receive? _____
Is it reported on your W-2 Form, Box 1? Yes No
4. If reimbursed for mileage, were you reimbursed at a mileage rate other than IRS guidelines? Yes No (If Yes, what were you reimbursed? _____ cents per mile)
5. Does your church have a written reimbursement policy or guidelines?
Yes No (If Yes, please attach a copy.)

INFORMATION

	Auto 1	Auto 2
Year and Make	_____	_____
Date of Purchase	_____	_____
Purchase Price	_____	_____
**Total of Miles Driven	_____	_____
Business Miles in Above	_____	_____
Commuting miles during year	_____	_____

EXPENSES

Gasoline	_____	_____
Insurance & Auto Club	_____	_____
License & Registration	_____	_____
Auto Excise & Sales Taxes	_____	_____
Parking & Tolls	_____	_____
Oil, Service & Repairs	_____	_____
Tires & Batteries	_____	_____
Washing & Waxing	_____	_____

****Total miles driven is required**

IRS Requirement: If you deduct travel, entertainment, gift, transportation expenses, or other professional expenses, you must be able to prove (substantiate) certain elements of the expense. You should keep adequate records to prove your expenses in an account book, diary, log, statement of expense, trip sheets, etc. You generally must have documentary evidence, such as receipts, cancelled checks, or bills to support your expenses.

Minister's Housing Allowance: "Homeowners" Only

List below only expenses you personally paid during the year. If you have multiple church employers this year, make copies of this page and complete one per church.

What was the annual amount of Housing Allowance approved or designated by your employing church/agency? \$ _____ (A) What is the "Fair Rental Value" of your home fully furnished and maintained? Or what would your home rent for fully furnished and maintained in the community where you live? \$ _____ (B) (Please provide annual not monthly amount.)

1. Mortgage Expenses: Attach a copy of the end of year report from your mortgage lenders. If you had more than one mortgage lender during the year attach copies from each. List below the "Total" mortgage payments made for the tax year: (Please enclose a copy of all 1098 mortgage interest statements and the end of year mortgage reconciliation statement.)

Lender # 1 Lender # 2 Lender # 3
Total 2019 Mortgage Pmts \$ _____ Total 2019 Mortgage Pmts \$ _____ Total 2019 Mortgage Pmts \$ _____
(2019 Interest Amount \$ _____) (2019 Interest Amount \$ _____) (2019 Interest Amount \$ _____)

Total 2018 Mortgage Pmts 1. \$ _____

2. Property Taxes: 2. \$ _____

Is this escrowed and included in your mortgage payments above? Yes No
If YES, do not include in total below:

3. Homeowner's Insurance: 3. \$ _____

(Is this escrowed in your mortgage payments above? Yes No
(If YES, do not include in total below.)

4. Liability Umbrella Insurance: 4. \$ _____

5. Mortgage Insurance Premium (If you purchased a home this year): 5. \$ _____

6. Total Home Equity Payments: \$ _____ Interest: 6. \$ _____

Was the home equity account used for home related items? Yes No

7. Maintenance Repair and Upkeep: 7. \$ _____

8. Furniture, Appliances, Home Decorations: 8. \$ _____

9. Yard Maintenance & Improvements: 9. \$ _____

10. Home Additions or Major Improvements: 10. \$ _____

11. Property Owners Association Dues/Assessments: 11. \$ _____

12. Home Down Payment (Year of Purchase Only): 12. \$ _____

13. Legal, Bank, Title and Appraisal Fees (Year of Purchase Only): 13. \$ _____

14. Utilities:

Basic Phone Service \$ _____ Natural Gas/Propane \$ _____
Electricity \$ _____ Garbage/Trash \$ _____
Cable/Satellite TV Basic \$ _____ Pest Control/Termite \$ _____
Security System/Alarm \$ _____ Utility Deposits \$ _____
Water/Sewer \$ _____ Other Utility \$ _____

Total of All Utilities: 14. \$ _____

SUMMARY: HOUSING ALLOWANCE LISTED ABOVE \$ _____ (A)

FAIR RENTAL VALUE LISTED ABOVE \$ _____ (B)

TOTAL EXPENSES LISTED ABOVE (Total 1 thru 14) \$ _____ (C)

(Only the smallest of the above three amounts can be claimed)

HOUSING TO BE REPORTED AS TAXABLE: \$ _____

[Line (A) minus the smaller of line (B) or line (C), if negative enter zero]

Minister's Parsonage Allowance: For Those Living in a Church Home

1. What is the "Annual Fair Rental Value" of the Home? \$_____
2. Did the church designate part of your compensation as a "Parsonage Furnishings Allowance?" or "Housing Allowance?" Yes No Amount Designated \$_____
3. Does the church pay the utilities on the parsonage direct to the various utility companies?
Yes No Amount the Church Paid: \$_____

4. Parsonage Expenses Paid By You:

Property/Contents Insurance: \$_____

Maintenance, Repairs, Upkeep: \$_____

Lawn Maintenance & Upkeep: \$_____

Decoration Items: \$_____

Home Furnishings, Appliances: \$_____

Improvements to the Home: \$_____

Association Dues/Assessments: \$_____

5. Utilities Paid by You:

Electricity	\$_____	Pest Control	\$_____
Gas/Propane	\$_____	Utility Deposits	\$_____
Telephone	\$_____	Water/Sewer	\$_____
Basic Cable TV	\$_____	Satellite TV	\$_____
Garbage/Trash	\$_____		
Total Utilities Listed \$_____			

(The Fair Rental Value, Church Paid Utilities, and Parsonage Allowance are listed in the Social Security Basis on Schedule SE)

SUMMARY: Parsonage Furnishings Allowance \$_____

Less Total Expenses You Paid -\$_____

Unused Furnishings Allowance Taxable \$_____

Minister's Housing Allowance: "Renters" Only

Amount of your Housing Allowance approved or designated by your employing church/agency: \$ _____

Actual rental expenses you paid during the year:

Rental Payments	\$ _____
Property Insurance	\$ _____
Maintenance, Repair, Upkeep	\$ _____
Furniture, Appliances, Decorations	\$ _____
Yard Maintenance & Improvements	\$ _____
Utilities:	
Basic Telephone	\$ _____
Electricity	\$ _____
Cable TV Basic Service	\$ _____
Satellite Basic Service	\$ _____
Security System/Alarm	\$ _____
Natural Gas/Propane	\$ _____
Garbage/Trash	\$ _____
Pest Control	\$ _____
Water/Sewer	\$ _____
Renter's Association Dues/ Assessments	\$ _____

SUMMARY:

Housing Allowance Listed Above	\$ _____
Less Total Expenses Listed Above	-\$ _____
Unused Housing to Be Reported as Taxable	\$ _____

(The Housing Allowance is included in Social Security Computation on Schedule SE)