

CLERGY TAX & FINANCIAL SERVICES

1099/W2 Express Service

- NO more AUDITS from incorrectly-reported income
- SOLVE your annual 1099 problems
- AVOID IRS penalties
- NO more IRS LETTERS



1099s:

- We help you avoid over-reporting on Forms 1099
- Issue proper 1096 forms
- Deliver completed 1099s to you, ready to sign and mail to the IRS (we even provide the addressed envelope).

W2s:

- We accurately complete Forms W2 and W3
- Complete and mail employee copies to employees (if you wish).
- Deliver to you filing copies of W2s and W3, ready to sign and mail (with addressed envelope).

Note: We strongly recommend you provide us with copies of page 1 of all four quarterly Form 941s; we'll reconcile this information with your W2 data to avoid IRS and SSA letters.

Send them NOW

Deadlines: **We recommend that you send us this information by Jan. 15**, since W-2s and 1099 are due to employees/recipients by Feb. 2, 2008. (Federal filing copies are due to the SSA and IRS on March 2, 2009)

Here's how:

1. Fill in church information section.
2. Complete minister's section(s).
3. Add other Non-Employees at bottom.
4. Enclose check payable to **CTFS** for:

First 1099 or W2.....	\$38. ⁰⁰ *	1	\$ 38.00
Each additional 1099 or W2.....	\$ 7. ⁵⁰ X	_____	= \$ _____

5. Mail to:

TOTAL..... \$ _____

Clergy Tax & Financial Services
PO Box 3156
Whittier, CA 90605-0156

Amount Enclosed \$ _____ Check No. _____ Signature _____

CLERGY TAX & FINANCIAL SERVICES

PO Box 3156 Whittier, CA 90605-0156 (13418 Telegraph Road)

TEL (562) 906-9906 FAX (562) 906-9903 E-Mail: services@clergytax.com

1099 EXPRESS SERVICE Data

CHURCH /Employer INFORMATION

Church Legal Name _____

Address _____

Contact Person _____ Title _____

Church Phone: () _____ Contact's phone: () _____

Church FEIN (Federal Employer Tax ID): ____--____ [Required]

Can't find your FEIN? We can run search/order new one. Cost for this service is \$50. Check here

1st SELF-EMPLOYED MINISTER

Name _____

Address _____

Social Security #: _____

Home Phone: () _____

Salary or Base Compensation
(EXCLUDING allowances): \$ _____

Housing Allowance: \$ _____

Auto Allowance: \$ _____

Professional Expense Allowance: \$ _____

(Do not include expense reimbursements.)

Social Security Allowance: \$ _____

Other: \$ _____

Other: \$ _____

Other: \$ _____

TOTAL COMPENSATION..... \$ _____

2nd SELF-EMPLOYED MINISTER

Name _____

Address _____

Social Security #: _____

Home Phone:() _____

Salary or Base Compensation
(EXCLUDING allowances): \$ _____

Housing Allowance: \$ _____

Auto Allowance: \$ _____

Professional Expense Allowance: \$ _____

(Do not include expense reimbursements.)

Social Security Allowance: \$ _____

Other: \$ _____

Other: \$ _____

Other: \$ _____

TOTAL COMPENSATION..... \$ _____

Do not include the following NON-TAXABLE FRINGE

BENEFITS: Pension payments, TSA payments,
Medical insurance.

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OTHER NON-EMPLOYEES (Any non-incorporated person/business you paid \$600 or more last year.)

Name _____

Address _____

City, State, ZIP _____

Social Security or Employer ID# _____

Amount you paid them: \$ _____

For what service did you pay them? _____

Rev.1/08A

Name _____

Address _____

City, State, ZIP _____

Social Security or Employer ID# _____

Amount you paid them: \$ _____

For what service did you pay them? _____

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W2 EXPRESS SERVICE Data

CHURCH /Employer INFORMATION

Church Legal Name _____

Address _____

Contact Person _____ Title _____

Church Phone: () _____ Contact's phone: () _____

Church FEIN (Federal Employer Tax ID): -- [Required]

Can't find your FEIN? We can run search/order new one. Cost for this service is \$50. Check here

***For most non-clergy employees, only the first line
(Salary or Base Compensation) is needed.**

1st Employee or Minister Employee

Name _____

Address _____

City, State, Zip _____

Social Security #: _____

Home Phone:() _____

Salary or Base Compensation*
(EXCLUDING allowances).....\$ _____

Housing Allowance:.....\$ _____

Other: _____ \$ _____

Sec. 125 FLEX Plan..... \$ _____

Cost of Group Life Insurance over \$50K\$ _____

TOTAL COMPENSATION.....\$ _____

2nd Employee or Minister Employee

Name _____

Address _____

City, State, Zip _____

Social Security #: _____

Home Phone:() _____

Salary or Base Compensation*
(EXCLUDING allowances).....\$ _____

Housing Allowance:.....\$ _____

Other: _____ \$ _____

Sec. 125 FLEX Plan..... \$ _____

Cost of Group Life Insurance over \$50K\$ _____

TOTAL COMPENSATION.....\$ _____

3rd Employee or Minister Employee

Name _____

Address _____

City, State, Zip _____

Social Security #: _____

Home Phone:() _____

Salary or Base Compensation*
(EXCLUDING allowances).....\$ _____

Housing Allowance:.....\$ _____

Other: _____ \$ _____

Sec. 125 FLEX Plan..... \$ _____

Cost of Group Life Insurance over \$50K\$ _____

TOTAL COMPENSATION.....\$ _____

4th Employee or Minister Employee

Name _____

Address _____

City, State, Zip _____

Social Security #: _____

Home Phone:() _____

Salary or Base Compensation*
(EXCLUDING allowances).....\$ _____

Housing Allowance:.....\$ _____

Other: _____ \$ _____

Sec. 125 FLEX Plan..... \$ _____

Cost of Group Life Insurance over \$50K\$ _____

TOTAL COMPENSATION.....\$ _____

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