

# 2007 TAX CHECKLIST

For the 2007 tax year

## CLERGY TAX & FINANCIAL SERVICES

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TAX YEAR \_\_\_\_\_ \*

APPOINTMENT DATE: \_\_\_\_\_ / \_\_\_\_\_ / 2008

APPOINTMENT TIME: \_\_\_\_\_ AM PM

I AM FILING FASFA FORM THIS YEAR

- MAIN OFFICE  
 BY MAIL/FAX (FAX TO 800 352-6803)  
 OTHER INTERVIEW LOCATION \_\_\_\_\_

\* Please use correct year checklist

You will see changes in this year's checklist, added to keep up with new IRS rules, and to help us give you the best possible return. You may need to use additional forms: See what's available at <http://clergytax.com/clients.htm>

Your complete preparation of this checklist in advance saves you money. We can process your tax forms more quickly and conduct a more complete interview with you, finding the "not so obvious" deductions you may be entitled to. Use this checklist to guide you in sorting your records from the past year. Add up the **totals** of your expenses, and you won't need to provide canceled checks or receipts. Save effort by rounding to nearest dollar (\$2.50=\$3 \$2.49=\$2). **Please use Information Return Organizer.**

Forms online in PDF format at: "<http://clergytax.com/clients.htm>" Please check box if attached:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Information Return Organizer | <input type="checkbox"/> Income Earned Abroad        | <input type="checkbox"/> Rental Income Form        |
| <input type="checkbox"/> Auto Expense Form            | <input type="checkbox"/> Moving Expense Form         | <input type="checkbox"/> Sale/Exchange of Property |
| <input type="checkbox"/> Energy Credits Form          | <input type="checkbox"/> Non-Cash Contributions Form | <input type="checkbox"/> Mortgage Interest Form    |

**PLEASE PROVIDE:**

- A copy of your previous year's Federal and State tax returns (if not prepared by CTFS).
- ALL W-2 and 1099, 1099R, SSA-1099 forms and social security statements (always use *Information Return Organizer*).
- Escrow settlement (closing) statements of real estate bought or sold during the year.
- Labels and envelopes from Federal and State tax form booklets that were mailed to you.
- Did you move during 2007? *Please complete Moving Expense Form.*
- Did you have rental income in 2007? *Use Rental Income Form.*

**GENERAL INFORMATION** If we already have this, just fill in your name and add new information.

	Title	Name (Last, First, MI)	Occupation	Birthdate	Social Security #	Full-Time Student?
Self						
Spouse						
Dependents						
If child no longer a dependent, please note						

PLEASE UPDATE Student status (a full-time student attended for a portion of each of 5 calendar months)

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

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

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

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Telephone

Home [ ] \_\_\_\_\_

Work/Self [ ] \_\_\_\_\_

Work/Spouse [ ] \_\_\_\_\_

Cell [ ] \_\_\_\_\_

FAX [ ] \_\_\_\_\_

May we send confidential FAXES? Y  N

**QUESTIONNAIRE** *These items could lead to more deductions. PLEASE CHECK ALL THAT APPLY.*

YES NO

1.   Did you pay post-high tuition and fees for a family member? Student's Name \_\_\_\_\_  
Year of Study (1=Freshman) \_\_\_\_\_ School or college \_\_\_\_\_ Amount \$ \_\_\_\_\_  
**Provide 1098-T.**
2.   Do you have an approved Form 4361 Exemption From Social Security Tax? Please make sure CTFs has a copy.
3.   Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
4.   Is anyone in your household 65 years or older?
5.   Is anyone other than your spouse and children living with you? If so supply their name, social security number, the amount of support given them, their relationship to you, the amount of their income and its source.
6.   Do you pay for support of people who **do not** live with you? If so, supply names, SS#, amount of support, relationship to you, their total income and its source (work, pension, etc.)
7.   Are you  or your spouse  permanently disabled?
8.   **Do you prefer that we file your return electronically (efile) if possible?**
9.   Do you have capital losses from previous years to carry forward?
10.   Does anyone owe you money you can't collect? Supply their name, address, SS#, loan amount, date, and steps you have taken to collect.
11.   Did any stock you own become worthless during the year? If so supply name of the stock, purchase date and price.
12.   Did you change denominations in the past two years (ministers only)?
13.   Do you wish to follow the "Deason Decision"?
14.   Did you  or your spouse  Pay  or Receive  any spousal support? If so, list name, SS# and amount received or paid: Name \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ \$ \_\_\_\_\_
15.   Do you  or your spouse , use a room in your home as a **primary** office? If so, please supply the total square feet of your home (subtract hallways, stairs, entryway) \_\_\_\_\_, and the square feet used for business \_\_\_\_\_. Fill in Housing Expense Section, next page.
16.   Did you replace exterior doors, windows, skylights, water heater, furnace, or install solar? If so, see Energy Credits Form.

Retirement Plans		Plan Total		Additions This Year	
		Self	Spouse	Self	Spouse
<input type="checkbox"/> <input type="checkbox"/> Do you have a "dormant" retirement plan? If so, please supply details.	TSA/403(b)	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Did you or your employer contribute to a plan?	IRA or SEP IRA	\$ _____	\$ _____	\$ _____	\$ _____
<b>Y/N</b>	Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
	401K	\$ _____	\$ _____	\$ _____	\$ _____
<b>Please provide copies of year-end statements</b>	Employer Plan	\$ _____	\$ _____	\$ _____	\$ _____
	Other _____	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Tax Payments	Federal	State	Date Paid
Last year's overpayment credited to this year's tax:	\$ _____	\$ _____	____/____/____
Amount paid with extension (with Form 4868)	\$ _____	\$ _____	____/____/____
<b>Voucher 1</b> Estimated tax payments (Due April 15):	\$ _____	\$ _____	____/____/____
<b>Voucher 2</b> Estimated tax payments (Due June 15):	\$ _____	\$ _____	____/____/____
<b>Voucher 3</b> Estimated tax Payments (Due Sept. 15):	\$ _____	\$ _____	____/____/____
<b>Voucher 4</b> Estimated tax payments (Due Jan. 15):	\$ _____	\$ _____	____/____/____

**INCOME** DO NOT INCLUDE "ACCOUNTABLE REIMBURSEMENT PLAN" REIMBURSEMENTS

SOURCE	Self	Spouse	INTEREST INCOME (Provide all 1099-INTs)	
Income from 1099's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Income from W-2's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Other Minister's Income	\$ _____	\$ _____	From _____	\$ _____
Housing Allowance	\$ _____	\$ _____	From _____	\$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____	\$ _____
Honoraria	\$ _____	\$ _____	From _____	\$ _____
State Tax Refund for 200_____	\$ _____	\$ _____	From _____	\$ _____
Social Security [provide SSA-1099s]	\$ _____	\$ _____		
Pensions/Annuities/IRA's	\$ _____	\$ _____	<b>STOCK DIVIDENDS (Provide all 1099-DIVs)</b>	\$ _____
Unemployment	\$ _____	\$ _____	From _____	\$ _____
Disability Income	\$ _____	\$ _____	From _____	\$ _____
Jury Duty	\$ _____	\$ _____	From _____	\$ _____
Prizes & Awards	\$ _____	\$ _____	From _____	\$ _____
Auction Income	\$ _____	\$ _____	From _____	\$ _____

# SALE/EXCHANGE OF STOCK & PROPERTY

MUTUAL FUND SALES: If you were not given an Average Cost Statement, bring all annual reports since purchase.

Type of Property	Date Purchased	Date Sold	Gross Sales Price	Cost or Basis	Selling Expense	Gain/Loss (Optional)

Bring escrow "Settlement Statement" if you bought or sold a home. For more items, use our Sale/Exchange Form

## HOUSING EXPENSE [This section for ministers only, and/or office in home]

Date you purchased home ___/___/___	Maintenance & Repairs \$ _____	Utilities (Except Phone) \$ _____
Rent/Mortgage Payments \$ _____	Decorations \$ _____	Cleaning Supplies \$ _____
Property Taxes* \$ _____	Furnishings \$ _____	Miscellaneous \$ _____
Insurance* \$ _____	Gardening, Pool Service \$ _____	Telephone Base Rate \$ _____
*If not included in rent/mortgage payment.		<b>TOTAL</b> \$ _____

## AUTO EXPENSE

Keep each car's records separate. If you were reimbursed at less than 48.5 cents/mile, use Auto Expense Form

Check if vehicle is new <b>Hybrid</b> .....Auto 1 <input type="checkbox"/>	Auto 1 <input type="checkbox"/>		Auto 2 <input type="checkbox"/>		Auto 3 <input type="checkbox"/>		Auto 4 <input type="checkbox"/>	
	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>
Year, Make and Model of Auto	_____	_____	_____	_____	_____	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase or Lease	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Mileage: Total driven this year	_____	_____	_____	_____	_____	_____	_____	_____
Mileage: Professional	_____	_____	_____	_____	_____	_____	_____	_____
Parking, Tolls	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto License Renewal Fee (All)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Car Loan Interest Paid this Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Car Lease/Rental	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

What is the round-trip commute distance between home and office? Self \_\_\_\_\_ Spouse \_\_\_\_\_

Was vehicle available for personal use after hours? **Yes**  **No**  Was another vehicle available for personal use? **Yes**  **No**

Personal miles driven on employer-owned vehicle? Self \_\_\_\_\_ Spouse \_\_\_\_\_

## PROFESSIONAL/EMPLOYMENT EXPENSES

Do not include expenses reimbursed by an accountable reimbursement plan

Up to \$25 per recipient for:	SELF	SPOUSE	Internet/DSL Services	SELF	SPOUSE
	-Gifts associated with profession:	\$ _____		\$ _____	Cell Phone/Pager
-Money to transients/indigents:	\$ _____	\$ _____	Long Distance/Message Units	\$ _____	\$ _____
Hired Services	\$ _____	\$ _____	All Formal Education Expenses	\$ _____	\$ _____
Business Interest Costs	\$ _____	\$ _____	Name of School	_____	_____
Professional Dues/Required Tithes	\$ _____	\$ _____	Seminars/Conferences/Prof. Growth	\$ _____	\$ _____
Income Tax Preparation	\$ _____	\$ _____	Meeting Expenses	\$ _____	\$ _____
Other office & computer expenses	\$ _____	\$ _____	Purchase/Cleaning/ Prof. Garments	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	Other (List) _____	\$ _____	\$ _____
Postage/Stationery/Cards Etc.	\$ _____	\$ _____	Other _____	\$ _____	\$ _____
Books/Periodicals/Papers	\$ _____	\$ _____	Other _____	\$ _____	\$ _____
Film/Tapes/Videos/DVDs	\$ _____	\$ _____	Other _____	\$ _____	\$ _____
Travel: Transportation	\$ _____	\$ _____	Other _____	\$ _____	\$ _____
Lodging, Misc.	\$ _____	\$ _____			
Meals	\$ _____	\$ _____			
Professional Entertainment*	\$ _____	\$ _____			

\*Entertaining at home, office, or restaurants and associated with the active conduct of your profession.

### EQUIPMENT PLACED IN SERVICE THIS YEAR: (ENTER HERE ONLY)

Date	Description	%Business Use	Spouse or Self?	Purchase Price
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____

### NEW CLIENTS ONLY (For depreciation):

Current Value Prof. Library	\$ _____	\$ _____
Current Value all equipment, office & professional [Provide List]	\$ _____	\$ _____

# DEDUCTIONS CHECKLIST

## MEDICAL EXPENSES

- A.** Medical/Disability Premiums \$ \_\_\_\_\_  
 Long-Term Care Premiums:  
 For you \$ \_\_\_\_\_ For Spouse \$ \_\_\_\_\_
- B.** Medical services **not** reimbursed by insurance:  
**\*These specifics NOT required, just the total.**
- Prescriptions \* \$ \_\_\_\_\_
  - Doctors & Dentists \* \$ \_\_\_\_\_
  - Hospitals & Clinics \* \$ \_\_\_\_\_
  - Glasses/Contacts \* \$ \_\_\_\_\_
  - Hearing Aids/Batteries \* \$ \_\_\_\_\_
  - Lab. Fees/X-Rays \* \$ \_\_\_\_\_
  - Orthopedic Equipment \* \$ \_\_\_\_\_
  - Physical Therapy \* \$ \_\_\_\_\_
  - Other \* \$ \_\_\_\_\_
- TOTAL of B. only** \$ \_\_\_\_\_
- C.** Medical Travel \_\_\_\_\_ miles; Parking, tolls \$ \_\_\_\_\_  
 Insurance Reimbursement for medical travel: \$ \_\_\_\_\_

## TAXES

- Property Taxes \$ \_\_\_\_\_
  - Auto License Fees \$ \_\_\_\_\_
  - Tax Paid to Other States \$ \_\_\_\_\_
  - Sales Tax on High-Cost Items\* \$ \_\_\_\_\_
- \* (Vehicles, boats, planes, homes, home building materials)

## INTEREST (Provide 1098-INTs). If you have ever refinanced, use

Mortgage Interest Form. Download at <http://clergytax.com/clients.htm>

- 1<sup>ST</sup> Home Mortgage \$ \_\_\_\_\_
- 2<sup>nd</sup> Home Mortgage \$ \_\_\_\_\_
- Home Improvement/Equity Loans \$ \_\_\_\_\_

**Mortgage Paid to Individuals:** \$ \_\_\_\_\_  
 Paid to (Name) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

## CONSUMER DEBT

Credit Cards	Balance	Interest Paid	Student Loans	Balance	Interest Paid
Lender _____	\$ _____	\$ _____	Student Loans	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Car Loan	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Car Loan	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Other _____	\$ _____	\$ _____

**USE TAX:** If your state, (including CA, KY, LA, MA, ME, MI, NY, OH, OK, RI, SC, UT, VT, VA) charges use tax on out-of-state purchases, what is total amount of purchases on which you owe use tax? \$ \_\_\_\_\_

## NOTES AND ADDITIONAL INFORMATION:

We cannot deliver your return to you without your signature(s) below:

**TAXPAYER STATEMENT:** ALL INFORMATION CONTAINED IN THIS TAX CHECKLIST IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. EACH ITEM CAN BE SUBSTANTIATED BY RECEIPTS, CHECKS AND/OR OTHER DOCUMENTATION.

**SIGNATURE(S) REQUIRED**

CLIENT SIGNATURE  \_\_\_\_\_ SPOUSE SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

I want information on:

- Tax Sheltered Annuities,  Disability Insurance,  Health Insurance,  Long-Term Care Insurance,
- Retirement Planning or  Life Insurance (including tax-deductible policies).

## CONTRIBUTIONS

- Cash donations with NO receipt \$ \_\_\_\_\_
  - Small donations WITH receipt \$ \_\_\_\_\_
- Churches & Charitable Organizations:**
- Name \_\_\_\_\_ \$ \_\_\_\_\_
  - Name \_\_\_\_\_ \$ \_\_\_\_\_
  - Name \_\_\_\_\_ \$ \_\_\_\_\_
  - Name \_\_\_\_\_ \$ \_\_\_\_\_
  - Name \_\_\_\_\_ \$ \_\_\_\_\_

Charitable/Volunteer Travel (in miles) \_\_\_\_\_

**Contributions Of Goods (w/receipt) \$ \_\_\_\_\_**  
 If non-cash donations exceed \$500 please supply name of charity, address, type of property and amount of donations. Use **Non-Cash Contribution Form**. Download at <http://clergytax.com/clients.htm>

\_\_\_\_\_ \$ \_\_\_\_\_

## Child or Dependent Care

If more than one person, supply list.

**Child or Dependent's Name** \_\_\_\_\_  
**Amount paid for care \$** \_\_\_\_\_  
 Provider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tax ID# or SS# **Required** \_\_\_\_\_

- Union Dues \$ \_\_\_\_\_
- Investment Expenses \$ \_\_\_\_\_
- Job Seeking Expenses \$ \_\_\_\_\_
- Uniforms/Purchase/Cleaning \$ \_\_\_\_\_
- Other (List) \$ \_\_\_\_\_

## CASUALTY LOSSES (Unreimbursed portion only)

- Fire/Theft/Storm \$ \_\_\_\_\_
- Auto Accident \$ \_\_\_\_\_
- Property Damage \$ \_\_\_\_\_