

2020 TAX CHECKLIST

For the 2020 tax year v4

Clergy.Tax

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CA CTEC.org Reg Bond# 22237443 * New York Reg 11434156 * IRS ERO * IRS AFSP * IRS FIRE

TAX YEAR _____ *

Use our secure client portal to upload forms & data.
Email us at office@clergy.tax to request account setup.

APPOINTMENT DATE: _____ / _____ / 2021

APPOINTMENT TIME: _____ AM PM

By MAIL/FAX (FAX TO 877-285-1055 TOLL-FREE)

* Please use correct year checklist

Other Interview Location _____

Need a form not showing at <http://www.clergy.tax/about/forms> ? Email us for a quick response: **office@clergy.tax**

Got a notice from the IRS? SEND US A COPY (All Pages) ASAP. No need to call first. **We need to see it.**

Save money by **fully** completing this checklist. We'll be able to complete your taxes faster, find more deductions and plan for next year. Use this checklist to guide you in sorting your records. Add up the **totals** of your expenses, and you won't need to provide canceled checks or receipts. *Round to nearest dollar (\$2.50=\$3 \$2.49=\$2).*

Additional forms available at: <http://www.clergy.tax/about/forms> 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:

Hint: Keep the originals for your records and send us clear copies.

Copies of your two previous year's Federal and State tax returns (New clients only).

ALL W-2, 1099, 1099R, SSA-1099 (Social Security) forms and ALL 1098 forms & Forms 1095 (copies best).

Escrow settlement (closing) statements of real estate bought or sold during the year.

Did you move in 2020? Date of move: _____ Did you have rental income? *Use Rental Income Form*

Y N Did you have money in OR signature authority over any foreign bank or financial account?

Y N Did all foreign accounts total \$10,000 or more at any time in 2020?



GENERAL INFORMATION *If we already have this, just fill in your name and add any 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 college student" attended for a part of each of 5 calendar months)

Current Street Address _____

City _____ State _____ ZIP _____

County _____ School District _____

email _____



Home

Work/Self

Work/Spouse

Cell/Self

Cell/Spouse

Telephone

Did you pay post-high school tuition for a family member? Student's Name _____

Year (1=Freshman) _____ School or college _____ Amount \$ _____

Provide 1098-T & tuition statements. Amount paid for books and materials \$ _____ **Attach Copy of Receipts.**

Do you have a Form 4361 Exemption From Social Security Tax? Please make sure we have an IRS-approved copy.
Did you change denominations in the past two years? (ministers only)

Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
Does anyone other than your spouse and children live with you?

Is anyone in your household 65 years or older? Blind? (Vision in best eye 20/200 or worse? _____)

Are you or your spouse permanently disabled?

Do you pay for support of people who do not live with you?

Do you plan to buy a home in the next 26 months?

Are you owed you money you can't collect? Did any stock or securities you own become worthless in 2020? If so, supply details. 

Did you give more than \$15,000 in money or property to any individual? If so, ask us for Gift Tax Form

Did you or your spouse Pay or Receive spousal support?

Do you or your spouse use part of your home as a **primary** office? If so, 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.*

Did you replace exterior doors, windows, water heater, furnace, or install solar/wind energy? Use Energy Credits Form

Did you buy or sell virtual currency in 2020 (Bitcoin, etc)?

Was entire family covered by Health Insurance in 2020? **If you received premium tax credit, attach 1095-A**

Amount you received in first (2020) **Economic Impact Payment** \$ _____ EIP #2 (2021): \$ _____


Do you certify that you owe NO use tax? (If your state, (including CA, KY, LA, MA, ME, MI, ND, NY, OH, OK, RI, SC, UT, VT, VA) charges use tax on out-of-state purchases, you may owe use tax if sales tax was not paid. **If you checked "No"**, please enter amount of purchases on which you owe use tax: \$ _____

Retirement Plans Amounts You Added 2020


Please provide copies of year-end statements showing IRA amounts contributed. 403b and 401k contributions via employer will appear on W2--no need to list here.

	Self	Spouse
IRA or SEP IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
403b / TSA	\$ _____	\$ _____
401K	\$ _____	\$ _____

2020 Estimated Tax Payments

	Federal 	State	Date Paid
Last year's overpayment credited to this year's tax:	\$ _____	\$ _____	
Amount paid with extension (with 2020 Form 4868)	\$ _____	\$ _____	____/____/____
Voucher 1 Estimated tax payments (Due July 15):	\$ _____	\$ _____	____/____/____
Voucher 2 Estimated tax payments (Due July 15):	\$ _____	\$ _____	____/____/____
Voucher 3 Estimated tax payments (Due Sept. 15):	\$ _____	\$ _____	____/____/____
Voucher 4 Estimated tax payments (Due Jan. 15, 2021):	\$ _____	\$ _____	____/____/____

INCOME *Don't Include reimbursements from Accountable Reimbursement Plans*

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-money received	\$ _____	\$ _____	From _____	\$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____	\$ _____
Honoraria	\$ _____	\$ _____	From _____	\$ _____
State Tax Refund for 20____	\$ _____	\$ _____	From _____	\$ _____
Social Security [provide SSA-1099s]	\$ _____	\$ _____		
Pensions/Annuities/IRA's	\$ _____	\$ _____	STOCK DIVIDENDS (Provide all 1099-DIVs)	
Unemployment/Disability Income	\$ _____	\$ _____	From _____	\$ _____
Jury Duty	\$ _____	\$ _____	From _____	\$ _____
Prizes & Awards	\$ _____	\$ _____	From _____	\$ _____
Sales of coins, jewelry, art, gold, etc,	\$ _____	\$ _____	From _____	\$ _____
Sales on eBay, Craig's list, etc. 	\$ _____	\$ _____	From _____	\$ _____

SALE/EXCHANGE OF STOCK & PROPERTY - Include Vehicles

Include cryptocurrency trades.

What You Sold	Purchase Date	Date Sold	Sales Price	Cost or Basis	Selling Expense	Gain/Loss (Optional)

Provide escrow "Settlement or Closing Statement" if you bought or sold a home or other property. For more items, use **Sale/Exchange Form**

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

Date you purchased home ___/___/___	Maintenance & Repairs \$ _____	HOA Dues \$ _____
Rent/Mortgage Paid 2020 \$ _____	Decorations \$ _____	Utilities (Except Phone) \$ _____
Property Taxes* \$ _____	Furnishings \$ _____	Cleaning Supplies \$ _____
Insurance*/Home Warranty \$ _____	Gardening, Pool Service \$ _____	Miscellaneous \$ _____
		Telephone Base Rate \$ _____
		[]AI []T TOTAL \$ _____

* If not included in mortgage payment. List property tax also on Page 4.

AUTO EXPENSE Enter 1 vehicle/1 use per column, so one car may be listed in two or more columns. Reimbursed at less than \$.575/mile, or need more columns? Use Auto Expense Form

Business/Professional use by:	Self	Spouse	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>
Activity (Ministry, Honoraria, Job, etc.)	_____	_____	_____	_____	_____	_____	_____	_____
Year, Make and Model of Vehicle	_____	_____	_____	_____	_____	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase/Lease*	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Mileage: Total driven in 2020	_____	_____	_____	_____	_____	_____	_____	_____
Mileage: Professional Mileage:	_____	_____	_____	_____	_____	_____	_____	_____
Notes	_____	_____	_____	_____	_____	_____	_____	_____
Parking, Tolls	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto License Renewal Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Loan Interest Paid this Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
VehicleLease/Rental	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Round-trip commute distance between home and office:	Self _____	Spouse _____						
Was vehicle available for personal use after hours? Yes No	Yes _____ No _____	Yes _____ No _____	Was another vehicle available for personal use? Yes N No					
Personal miles driven on employer-owned vehicle?	Self _____	Spouse _____	*Enter ALL expenses for leased Vehicles					

PROFESSIONAL EXPENSES

Up to \$25 per recipient for:
 -Gifts associated with profession:
 -Money to transients/indigents:

	SELF	SPOUSE
Hired Services	\$ _____	\$ _____
Professional Dues/Required Tithes	\$ _____	\$ _____
Prof/Business Interest Paid	\$ _____	\$ _____
IncomeTax Preparation	\$ _____	\$ _____
Other office & computer expenses	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Postage/Stationery/Cards Etc.	\$ _____	\$ _____
Books/Periodicals/Papers	\$ _____	\$ _____
Film/Tapes/Videos/DVDs	\$ _____	\$ _____
Travel: Transportation	\$ _____	\$ _____
Lodging, Misc.	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Business Meals*	\$ _____	\$ _____

Do not include expenses reimbursed by an accountable reimbursement plan.

	SELF	SPOUSE
Purchase/Cleaning/ Prof. Garments	\$ _____	\$ _____
Internet/DSL Services	\$ _____	\$ _____
Cell Phone (professional cost)	\$ _____	\$ _____
Long Distance	\$ _____	\$ _____
Formal Education Expenses	\$ _____	\$ _____
Name of School _____		
Seminars/Conferences/Prof.Growth	\$ _____	\$ _____
Meeting Expenses	\$ _____	\$ _____
Other (List) _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

*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 Mo/Day	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
MEDICAL EXPENSES**

Health Ins. -- Don't include premiums paid with Social Security or reimbursed

A. Medical/Disability Premiums \$ _____

Long-Term Care Premiums:

For you \$ _____ For Spouse \$ _____

B. Medical services **not** reimbursed by insurance or HSA:

**These specifics NOT required, just the total.*

Prescriptions * \$ _____

Doctors & Dentists * \$ _____

Hospitals & Clinics * \$ _____

Lab. Fees/X-Rays * \$ _____

Physical Therapy * \$ _____

Glasses/Contacts * \$ _____

Orthopedic Equipment * \$ _____

Hearing Aids/Batteries * \$ _____

Other * \$ _____

TOTAL of B. only \$ _____

C. Medical Travel miles _____

Parking, tolls \$ _____

Insurance Reimbursement for medical travel: \$ _____

TAXES

Your local sales tax rate _____%

Property Taxes \$ _____

Auto License Fees not on Page 3 \$ _____

Tax Paid to Other States \$ _____

Sales Tax on High-Cost Items* \$ _____

* (Vehicles, boats, planes, homes, home remodel)

INTEREST (Provide 1098-INTs). If you have ever refinanced, or home equity loan is more than \$100K, use Mortgage Interest Form.

Download at <http://www.clergy.tax/about/forms>

1ST Home Mortgage \$ _____

2nd Home Mortgage \$ _____

Home Improvement/Equity Loans \$ _____

Mortgage Paid to Individual: \$ _____
 Paid to (Name) _____
 Address _____
 Social Security Number _____

CONSUMER DEBT

Credit Cards	Balance	Interest Paid
Lender _____	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____

CONTRIBUTIONS

Cash donations with NO receipt/check \$ _____

Small donations WITH receipt/check \$ _____

Churches & Charitable Organizations:

Name _____ \$ _____

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.**

_____ \$ _____

Child or Dependent Care Check here if had FSA _____
 If more than one person, supply list. ALL info below required.
Child or Dependent's Name _____
Amount paid for care \$ _____
 Provider Name _____
 Address _____
 Tax ID# or SS# _____
 Telephone (If California) _____

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

CASUALTY LOSSES (Unreimbursed portion only)

Fire/Storm \$ _____
 Auto Accident \$ _____
 Property Damage \$ _____
 Loss was in presidentially-declared disaster area

NOTES AND ADDITIONAL INFORMATION:

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

TAXPAYER STATEMENT: ALL INFORMATION I AM SUPPLYING IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I CAN SUBSTANTIATE EACH ITEM BY RECEIPTS, CHECKS AND/OR OTHER DOCUMENTATION. I HAVE REPORTED ALL INCOME.

S

CLIENT SIGNATURE _____ SPOUSE SIGNATURE _____ DATE _____

I want information on:

Payroll Services

Tax-free Employer Medical Reimbursement

Tax-Exempt Recognition for Church or Charity