

Clergy Member Tax Preparation Expense Summary

Tax Year: _____

Client Information

Name: _____

Church/Organization: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Marital Status:

- Single
 - Married Filing Jointly
 - Married Filing Separately
 - Head of Household
 - Qualifying Surviving Spouse
-

Employment Information

Church Name: _____

Denomination: _____

Position:

- Pastor
- Associate Pastor
- Youth Pastor
- Worship Pastor
- Evangelist
- Chaplain
- Missionary
- Other: _____

Did you receive:

- Form W-2

Form 1099-NEC

Both

Income

Church Salary (W-2): \$ _____

Housing Allowance Designated: \$ _____

Actual Housing Expenses: \$ _____

Fair Rental Value of Home (Furnished + Utilities): \$ _____

Guest Speaking Income: \$ _____

Love Offerings: \$ _____

Wedding/Funeral Honorariums: \$ _____

Counseling Income: \$ _____

Teaching Income: \$ _____

Book Royalties: \$ _____

Mission Support: \$ _____

Other Ministerial Income: \$ _____

Please provide copies of:

- W-2(s)
 - 1099-NEC
 - Housing allowance documentation
 - Church compensation statement
 - Any additional income documents
-

Professional Ministry Expenses

Books & Study Materials: \$ _____

Commentaries & Bible Resources: \$ _____

Sermon Preparation Software: \$ _____

Continuing Education: \$ _____

Conferences & Retreats: \$ _____

Seminary Courses: \$ _____

Professional Memberships: \$ _____

Ordination or Licensing Fees: \$ _____

Subscriptions & Ministry Publications: \$ _____

Robes or Clerical Attire (if required and not suitable for everyday wear): \$ _____

Office & Ministry Expenses

Office Supplies: \$ _____

Computer Equipment: \$ _____

Printer & Ink: \$ _____

Software & Ministry Apps: \$ _____

Internet (Business Portion): \$ _____

Cell Phone (Business Portion): \$ _____

Postage & Mailing: \$ _____

Church Office Supplies Purchased Personally: \$ _____

Travel & Vehicle Expenses

Business/Ministry Miles: _____ Miles

If using actual expenses:

Gas: \$ _____

Repairs & Maintenance: \$ _____

Insurance: \$ _____

Registration: \$ _____

Parking & Tolls: \$ _____

Vehicle Lease Payments: \$ _____

Airfare: \$ _____

Hotels: \$ _____

Rental Cars: \$ _____

Meals While Traveling: \$ _____

Mission Trip Expenses (Not Reimbursed): \$ _____

Ministry Hospitality

Meals with Church Members: \$ _____

Leadership Meetings: \$ _____

Hospital Visits: \$ _____

Community Outreach: \$ _____

Guest Speaker Hospitality: \$ _____

Other Ministry Hospitality: \$ _____

Home Office (If Applicable)

Do you maintain a home office used exclusively and regularly for ministry?

Yes No

Total Home Square Footage: _____

Office Square Footage: _____

Mortgage Interest or Rent: \$ _____

Property Taxes: \$ _____

Utilities: \$ _____

Homeowners/Renters Insurance: \$ _____

Repairs (Entire Home): \$ _____

Repairs (Office Only): \$ _____

Housing Expenses (For Housing Allowance Calculation)

Mortgage Payments: \$ _____

Rent: \$ _____

Mortgage Interest: \$ _____

Property Taxes: \$ _____

Utilities (Electric, Gas, Water): \$ _____

Internet: \$ _____

Homeowners Insurance: \$ _____

Repairs & Maintenance: \$ _____

Furnishings & Appliances: \$ _____

HOA Dues: \$ _____

Landscaping: \$ _____

Other Housing Expenses: \$ _____

Retirement Contributions

403(b): \$ _____

Traditional IRA: \$ _____

Roth IRA: \$ _____

SEP IRA: \$ _____

Other Retirement Contributions: \$ _____

Health Insurance

Self-Paid Health Insurance Premiums: \$ _____

Health Savings Account (HSA) Contributions: \$ _____

Long-Term Care Insurance: \$ _____

Estimated Tax Payments

Federal Estimated Tax Payments: \$ _____

State Estimated Tax Payments: \$ _____

Dates Paid: _____

Other Deductions

Charitable Contributions: \$ _____

Professional Tax Preparation Fees: \$ _____

Accounting Fees: \$ _____

Other Deductible Expenses:

Description **Amount**

\$ _____

\$ _____

\$ _____

Questions

Did your church provide an accountable reimbursement plan?

Yes No

Were any ministry expenses reimbursed by your church?

Yes No

Did your housing allowance change during the year?

Yes No

Did you move during the year?

Yes No

Did you purchase or sell a home?

Yes No

Did you perform weddings, funerals, or other services outside your church?

Yes No

Did you receive income from guest speaking engagements?

Yes No

Additional Notes

Client Certification

I certify that the information provided in this expense summary is complete and accurate to the best of my knowledge. I understand that additional documentation may be requested to prepare my tax return.

Client Signature: _____

Date: _____