

# CLERGY TAX QUESTIONNAIRE – 2018

## HOUSING

Parsonage (applies if your church provides a parsonage)

-Did the church provide a "Parsonage Allowance" for you in 2018? \_\_\_\_\_

-If so, how much? \$ \_\_\_\_\_

-What expenses are you responsible for? \_\_\_\_\_

-What is the monthly fair rental value for the parsonage? \$ \_\_\_\_\_

-Was this amount provided to you by the church? \_\_\_\_\_

(Please use page 4 to document your actual paid expenses.)

\*\*\*Please provide a copy of your last check stub from 2018.

Non-Parsonage (applies if you own or rent your home)

-Did the church designate a "Housing Allowance" for you in 2018? \_\_\_\_\_

-How and when was the designation made? \_\_\_\_\_

(ie, "Board Minutes, December 2016 Board Meeting")

-How much was your 2018 housing allowance? \$ \_\_\_\_\_

(Please use page 4 to document your actual paid expenses.)

-How was the housing allowance conveyed to you for tax purposes on your W-2?

\_\_\_\_\_ My W-2 has been reduced by church-designated housing allowance.

\_\_\_\_\_ Other treatment. Please describe: \_\_\_\_\_

\*\*\*Please provide a copy of your last check stub from 2018.

-Did you buy or sell a home in 2018? \_\_\_\_\_ If so, please provide a copy of your closing statement(s).

**FRINGE BENEFITS**

Please designate which of the fringe benefits listed below were provided to you by the church:

\_\_\_\_\_ 403-B Retirement Plan or Other Retirement Plan

\_\_\_\_\_ If yes to above, did you make voluntary contributions?

\_\_\_\_\_ Automobile Provided to You

\_\_\_\_\_ Life Insurance in Excess of \$50,000

\_\_\_\_\_ Moving Expenses

\_\_\_\_\_ Health Insurance Coverage

\_\_\_\_\_ Cafeteria Plan

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ Other: please describe \_\_\_\_\_

**PASTORAL EXPENSES**

-Did your church maintain a Fully Accountable Reimbursement Plan in 2018? \_\_\_\_\_

(ie, One that (1) Reimbursement of only those expenses that are substantiated as to date, amount, and business purpose and (2) require that any "excess reimbursements" be returned to the church.)

If the answer to the above is no, describe the reimbursement method in effect at your church. List the ministry expenses that you incurred and whether the reimbursements were included on your W-2.

\_\_\_\_\_  
\_\_\_\_\_

-Did you incur any ministerial expenses in 2018 for which your church did not reimburse you? If so, describe the expenses and list their respective dollar amounts below:

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

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



## MINISTER'S SUMMARY OF HOUSING EXPENSES

Name: \_\_\_\_\_

Tax Year 2018

ITEM:

Rent on home \$ \_\_\_\_\_

Garage rental \_\_\_\_\_

Down payment, Legal, Loan and Title fees on purchase of home \_\_\_\_\_

Mortgage payments (principal and interest) \_\_\_\_\_

Real estate taxes on home \_\_\_\_\_

Insurance (homeowners, renters, etc.) \_\_\_\_\_

Utilities: Gas and Electricity \_\_\_\_\_

Water \_\_\_\_\_

Telephone (landline only; exclude long distance charges) \_\_\_\_\_

Cable TV \_\_\_\_\_

Furnishings and Appliances \_\_\_\_\_

Repairs/Maintenance, Cleaning \_\_\_\_\_

Improvements (please describe) \_\_\_\_\_

Lawn care, Landscaping \_\_\_\_\_

Other allowable expenses (please describe) \_\_\_\_\_

GRAND TOTAL: \_\_\_\_\_