|  |  |  |
| --- | --- | --- |
| Your Name | Your Social Security Number:  - - | Your Date of Birth:  Mo: Day: Yr: |
| Your Spouse’s Name | Spouse’s Social Security Number:  - - | Spouse’s Date of Birth:  Mo: Day: Yr: |
| Driver’s License State: | License Number: | Issue Date: Exp Date: |
| Driver’s License State (Spouse): | License Number: | Issue Date: Exp Date: |
| Your Mailing Address: | | Your Home Phone:  ( ) - |
| Your Work Phone:  ( ) - |
| Email Address: | |  |

**DEPENDENTS (No longer Tax Deductible however information needed for other areas)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Social Security Number | Date of Birth | No.# Months In Home |
|  |  | - - |  |  |
|  |  | - - |  |  |
|  |  | - - |  |  |
|  |  | - - |  |  |
|  |  | - - |  |  |
|  |  | - - |  |  |

**INFORMATION ON YOUR INCOME**

## Do you currently have an approved form 4361 exemption? Yes 🔿 No 🔿

**MINISTERIAL and/or PROFESSIONAL INCOME**

|  |  |
| --- | --- |
| **Church Salary** **(Attach all forms W-2 or 1099 to document income)** | **$** |
| Auto Allowance | **$** |
| Special Services | **$** |
| Love Offerings and Other Gifts | **$** |
| Honorariums for outside speaking | **$** |
| List source and amount of any other ministerial income |  |
|  | **$** |
| State Income Tax Refund |  |
| Name of State | **$** |
|  | **$** |
| **Non-Taxable Compensation** |  |
| Housing Allowance | **$** |
| Equity Allowance | **$** |
| Parsonage Allowance (Fair Market Value) | **$** |
| Furniture Allowance | **$** |
| Educational Assistance: (Max $5,250) | **$** |

INFORMATION ON ESTIMATED TAXES

|  |
| --- |
| **ESTIMATED TAXES (If Applicable)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CREDIT FROM PRIOR  YEAR’S VOUCHER  PAYMENTS | FIRST QUARTER (APRIL 15) | SECOND QUARTER  (JUNE 15) | THIRD QUARTER  (SEPT. 15) | FOURTH QUARTER  (JAN. 15) | TOTAL FOR YEAR |
| Federal  $ | $ | $ | $ | $ | $ |
| State  $ | $ | $ | $ | $ | $ |

**NON-MINISTERIAL INCOME**

|  |  |  |
| --- | --- | --- |
| **Wages, Salaries, Tips, Etc**. **(Attach W-2s)** | | **$** |
| **Interest Income** from Seller-Financed Mortgages & Individuals: | | **$** |
| **Interest Income** from Banks & Financial Institutions (Attach 1099 INTs): | |  |
| Bank Name: | | **$** |
| Bank Name: | | **$** |
| Bank Name: | | **$** |
| Bank Name: | | **$** |
| Do you have a foreign bank account? If so, list interest income. | Yes 🔿 No 🔿 | **$** |
| Did you have any non-taxable interest income? If so, list amount. | Yes 🔿 No 🔿 | **$** |
| Did you sell or redeem any U.S. Savings Bonds? If so, list amount. | Yes 🔿 No 🔿 | **$** |
| Did you earn any Dividends? If so, attach 1099 DIV’s. | Yes 🔿 No 🔿 | **$** |
| Did you earn any Capital Gains? If so, attach 1099B’s. | Yes 🔿 No 🔿 | **$** |
| Did you take any Non-taxable Distributions? If so, attach 1099 B’s. | Yes 🔿 No 🔿 | **$** |
| Did you receive any pension distributions? If so, attach 1099 R’s. | Yes 🔿 No 🔿 | **$** |
| Did you make contributions to your pension plan? | Yes 🔿 No 🔿 | **$** |
| Have you recovered your contribution? | Yes 🔿 No 🔿 |  |
| Did you have any rollovers? If so, attach 1099 Rs rollover papers. | Yes 🔿 No 🔿 | **$** |
| Did you receive any Social Security Income? | Yes 🔿 No 🔿 | **$** |
| Did your spouse receive any Social Security Income? | Yes 🔿 No 🔿 | **$** |
| Did you or your spouse receive any alimony? | Yes 🔿 No 🔿 | **$** |

**OTHER EARNED INCOME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Income from Estate & Trusts | **$** | Attach K-1’s | | Jury Duty | **$** |
| Income from S-Corporations | **$** | Attach K-1’s | | Tips | **$** |
| Income from Partnerships | **$** | Attach K-1’s | | Prizes / Awards | **$** |
| Item: | **$** | | Item: | | **$** |

**GAINS or LOSSES FROM SALE OF PROPERTY, STOCK, ETC.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Date Bought | Date Sold | Sale Price | Cost & Expense | Gain or Loss |
|  | / / | / / | **$** | **$** | **$** |
|  | / / | / / | **$** | **$** | **$** |
|  | / / | / / | **$** | **$** | **$** |

**VIRTUAL CURRENCY:**

|  |  |
| --- | --- |
| Did you have any transactions in Virtual Currency? | Yes 🔿 No 🔿 |
| If yes please provide any 1099s or information concerning your Virtual Currency Transactions: | $ |

**OTHER INCOME:**

|  |  |
| --- | --- |
|  | $ |
|  | $ |

**ADJUSTMENTS TO INCOME:**

|  |  |
| --- | --- |
| Contribution to IRA (Traditional and SEP etc. not Roth or Rollover): | $ |
| Educator Expenses: | $ |
| Alimony Payments: | $ |
| Health Savings Account: | $ |
| Moving Expenses (**No longer Tax Deductible except for Active Military**): | $ |
| Student Loan Interest (Attach 1098-E): | $ |
|  | $ |
|  | $ |

**US Armed Forces (Active, Reserve, or National Guard):**

|  |  |
| --- | --- |
| Did you serve in the US Armed Forces this Year? | Yes 🔿 No 🔿 |
| If yes, how many miles did you incur? |  |
| Please list any unreimbursed expenses you had: | $ |
|  | $ |
|  | $ |

**Prior Year Tax Return Carryovers (Check Previous Year Return if not sure):**

|  |  |
| --- | --- |
| Did you have any Tax Return Carryovers? | Yes 🔿 No 🔿 |
| Capital Loss Carryover | $ |
| Charitable Contribution Carryover | $ |
| Other: | $ |
| Other: | $ |

**2021 Stimulus Check (Personal):**

|  |  |
| --- | --- |
| Did you receive the 3rd Stimulus Check in 2021 of $1,400 per person? | Yes 🔿 No 🔿 |
| How much did you receive for the 3rd Stimulus Check? | $ |
| How much did you receive for your children on the 3rd Stimulus Check? | $ |

**2021 Cares Act (Business):**

|  |  |
| --- | --- |
| Did you receive any Employee Retention Tax Credits for your Business? | Yes 🔿 No 🔿 |
| How much did you receive in ERTC Funds? | $ |

**2021 Advanced Child Tax Credits Received:**

|  |  |
| --- | --- |
| Did you receive any Advanced Child Tax Credits? | Yes 🔿 No 🔿 |
| How many months did you receive the Advanced Child Tax Credits in 2021? |  |
| What was the monthly Amount received? | $ |
| What was the total amount you received in Advanced Child Tax Credits in 2021? | $ |

**Comments**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**INFORMATION ON YOUR EXPENSES**

**MINISTERIAL PARSONAGE & HOUSING EXPENSES (or Ministry Home Office Expenses) (Use Yearly Totals)**

|  |  |  |
| --- | --- | --- |
| Fair Rental Value of Parsonage/Housing Allowance amount: | | $ |
| Mortgage Payment / Rent Payment | Own 🔿 Rent 🔿 | $ |
| Mortgage Interest | | $ |
| Down Payment | | $ |
| Extra Payment towards Principal | | $ |
| Property Taxes | | $ |
| Alarm & Security | | $ |
| Air Conditioning | | $ |
| Appliances Purchased | | $ |
| Appliances Repaired | | $ |
| Assessments | | $ |
| Carpentry | | $ |
| Carpet | | $ |
| Carpet Cleaning | | $ |
| Cable or Satellite TV | | $ |
| Cleaning Supplies Purchased | | $ |
| Decorating | | $ |
| Electrical | | $ |
| Electricity | | $ |
| Filters | | $ |
| Furniture Purchased | | $ |
| Garbage | | $ |
| Gardening, and other yard work | | $ |
| Gas | | $ |
| Insurance | | $ |
| Painting Inside | | $ |
| Painting Outside | | $ |
| Pest Control | | $ |
| Plumbing | | $ |
| Remodeling | | $ |
| Repairs | | $ |
| Roofing | | $ |
| Sound & Video Items | | $ |
| Water & Sewer | | $ |
| Other Expense (Please Identify) | | $ |
| Other Expense (Please Identify) | | $ |
| TOTAL | | **$** |
| Designated Housing Allowance | | **$** |
| Unused Housing Allowance (For TCC Use Only) | | **$** |

|  |  |  |
| --- | --- | --- |
| **Home Office (For Ministry use only)** | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| Square Footage of Home Office |  |  |
| Square Footage of Entire Home |  |  |
|  |  |  |
| **Did you do your Administrative work at your Home Office?** | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| **Did you do your Prayer & Studying at your home Office?** | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
|  | $ | $ |
| **Other Home Office Expenses Not Listed** | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |

**Note: Form 2106 where these expenses where Tax Deductible has been eliminated, potentially having an adverse impact upon your taxes. We still need these expenses in order to reduce your Social Security Basis & to employee some new tax strategies!**

**MINISTERIAL EXPENSES (TRAVEL, ENTERTAINMENT, CONTINUING EDUCATION)** Keep receipts for 3 years

|  |  |  |
| --- | --- | --- |
|  | **Pastor/Minister** | **Spouse** |
| Accounting | $ | $ |
| Advertising | $ | $ |
| Bank Charges | $ | $ |
| Bibles | $ | $ |
| Books | $ | $ |
| Bus & Trains | $ | $ |
| Casual Labor (Musicians, Drivers etc.) | $ | $ |
| Church Bills (Unreimbursed) | $ | $ |
| Clergy Uniforms | $ | $ |
| Dues & Professional Societies | $ | $ |
| Educational Activity Expense | $ | $ |
| Educational Trip Expense | $ | $ |
| Equipment Rent | $ | $ |
| Entertaining Meals Out (Only Deductible to reduce SS Basis) | $ | $ |
| Entertaining In Home (Only Deductible to reduce SS Basis) | $ | $ |
| Insurance (office or professional) | $ | $ |
| Interest (professional) | $ | $ |
| Laundry & Cleaning | $ | $ |
| Legal Fees | $ | $ |
| License & Professional Fees | $ | $ |
| Lodging | $ | $ |
| Meals (100% Tax Deductible in 2021) | $ | $ |
| Ministry Reports (Required Offerings, Ordination Fees etc.) | $ | $ |
| Motels & Hotels | $ | $ |
| Office & Equipment Repairs | $ | $ |
| Office Rent | $ | $ |
| Office Supplies | $ | $ |
| Office Telephone | $ | $ |
| Office Utilities | $ | $ |
| Out of Town Meals | $ | $ |
| Periodicals | $ | $ |
| Plane Fares | $ | $ |
| Postage | $ | $ |
| Religious Books | $ | $ |
| School & Study Supplies | $ | $ |
| Sermon Material | $ | $ |
| Supplies | $ | $ |
| Taxi Fares | $ | $ |
| TCC Membership/Courses taken | $ | $ |
| Telephone-Ministry long distance | $ | $ |
| Tips | $ | $ |
| Transportation Expense | $ | $ |
| Tuition | $ | $ |
| Other Expense: (Identify) | $ | $ |
| Other Expense: (Identify) | $ | $ |

**MINISTERIAL AUTO EXPENSE**

|  |  |  |
| --- | --- | --- |
|  | **Vehicle 1** | **Vehicle 2** |
| When was your vehicle placed in service for Ministerial Purposes? |  |  |
| Make & Model of Vehicle: |  |  |
| **Total Miles Driven for all Purposes:** |  |  |
| **Total Pastoral Miles (TCC will determine if 90-day consecutive rule applies)** |  |  |
| Commuting Miles: |  |  |
| Interest on Auto Loan (Annual): | $ | $ |
| Tolls Paid: | $ | $ |
| Beginning Odometer Reading |  |  |
| Ending Odometer Reading |  |  |

**BUSINESS INCOME/SELF EMPLOYMENT**

|  |  |
| --- | --- |
| Business Name | |
| Business Address | |
| Primary Business Activity | |
| Income earned from Business this year | **$** |
| Did you both participate in this Business |  |

**BUSINESS EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Business #1 | Business #2 | Business #3 |
| Advertising | $ | $ | $ |
| Bad Debts | $ | $ | $ |
| Bank Service Charges | $ | $ | $ |
| Business Interest Paid (Loans, Credit cards etc.) | $ | $ | $ |
| Commissions/Contracted Labor | $ | $ | $ |
| Costs of Goods (Beginning Inventory) | $ | $ | $ |
| Cost of Goods (Ending Inventory) | $ | $ | $ |
| Dues & Publications | $ | $ | $ |
| Equipment Rentals | $ | $ | $ |
| Freight & Shipping | $ | $ | $ |
| Insurance (other than health) | $ | $ | $ |
| Laundry & Cleaning | $ | $ | $ |
| Legal & Professional Fees | $ | $ | $ |
| Materials & Supplies | $ | $ | $ |
| Meals & Entertainment (100% Tax Deductible for 2021) | $ | $ | $ |
| Merchandise | $ | $ | $ |
| Mortgage Interest (Use only if you have a home office) | $ | $ | $ |
| Non-Real Estate Taxes & Licenses | $ | $ | $ |
| Office Expenses | $ | $ | $ |
| Presentation Meals (100% Tax Deductible) | $ | $ | $ |
| Real Estate Taxes (Use only if you have a home office) | $ | $ | $ |
| Rent on Business Property | $ | $ | $ |
| Repairs and Maintenance | $ | $ | $ |
| Supplies | $ | $ | $ |
| Telephone (Cell phone, Landline) (State Biz % if other use) | $ | $ | $ |
| Tools | $ | $ | $ |
| Travel (no meals) | $ | $ | $ |
| Uniforms | $ | $ | $ |
| Utilities | $ | $ | $ |
| Wages & Salaries (Employees/Contract labor) | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| Did you Hire your child/Spouse? (If Yes See Accountant) | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Office (For Business Use Only)** | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| Square Footage of Home Office |  |  |  |
| Square Footage of Entire Home |  |  |  |
| **Expenses for Business Use of your Home** | $ | $ | $ |
|  | $ | $ | $ |
| **Cost of Office Furniture (Specify Type & Date Purchased)** | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |

**Note: If Vehicle is leased only use Actual Operating Costs**

**BUSINESS AUTO EXPENSE (Standard Mileage Rate) (Recommended)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Business #1 | Business #2 | Business #3 |
| When was Vehicle place in Service for Business Purposes? |  |  |  |
| Make & Model of Vehicle: |  |  |  |
| Total Miles Driven for all Purposes: |  |  |  |
| Total Business Miles: |  |  |  |
| Commuting: |  |  |  |
| Interest on Auto Loan: |  |  |  |
| Was the Vehicle available for Use during off duty hours: | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| Do you or your Spouse have another vehicle available for Personal Use: | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| Beginning Odometer Reading |  |  |  |
| Ending Odometer Reading |  |  |  |

**BUSINESS AUTO EXPENSE (Actual Operating Costs) (Do not Fill out if using Standard Mileage Rate Above)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Business #1 | Business #2 | Business #3 |
| When was Vehicle place in Service for Business Purposes? |  |  |  |
| Total Miles Driven: |  |  |  |
| Total Business Miles: |  |  |  |
| Commuting: |  |  |  |
| Interest on Auto Loan: |  |  |  |
| Was the Vehicle available for Use during off duty hours: | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| Do you or your Spouse have another vehicle available for Personal Use: | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 | Yes 🔿 No 🔿 |
| Beginning Odometer Reading |  |  |  |
| Ending Odometer Reading |  |  |  |
| **Operating Expenses:** |  |  |  |
| Gasoline | $ | $ | $ |
| Oil and Oil changes | $ | $ | $ |
| New Tires | $ | $ | $ |
| Repairs | $ | $ | $ |
| Maintenance | $ | $ | $ |
| License & Registration Fees | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |

**RENTAL INCOME AND INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Property 1** | **Property 2** | **Property 3** |
| Income Earned | **$** | **$** | **$** |
| Type of Property |  |  |  |
| Physical Address of Each Property |  |  |  |
| Date Purchased | **/ /** | **/ /** | **/ /** |
| Purchase Price | **$** | **$** | **$** |
| Estimated Land Value | **$** | **$** | **$** |

**PROPERTY RENTAL EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Property 1** | **Property 2** | **Property 3** |
| Advertising Costs | $ | $ | $ |
| Association Dues | $ | $ | $ |
| Auto & Travel | $ | $ | $ |
| Cleaning & Maintenance | $ | $ | $ |
| Cleaning Supplies | $ | $ | $ |
| Commissions | $ | $ | $ |
| Gardening | $ | $ | $ |
| Insurance | $ | $ | $ |
| Legal & Professional Fees | $ | $ | $ |
| Licenses & Permits | $ | $ | $ |
| Management Fees | $ | $ | $ |
| Miscellaneous | $ | $ | $ |
| Mortgage Interest | $ | $ | $ |
| Other Interest Paid | $ | $ | $ |
| Painting & Decorating | $ | $ | $ |
| Painting Equipment | $ | $ | $ |
| Pest Control | $ | $ | $ |
| Plumbing & Electrical | $ | $ | $ |
| Repairs | $ | $ | $ |
| Supplies | $ | $ | $ |
| Taxes | $ | $ | $ |
| Telephone | $ | $ | $ |
| Tools | $ | $ | $ |
| Utilities | $ | $ | $ |
| Wages & Salaries | $ | $ | $ |
| Other (list) | $ | $ | $ |
| Other (list) | $ | $ | $ |

**INFORMATION ON YOUR DEDUCTIONS**

**HEALTH INSURANCE COVERAGE (AFFORDABLE CARE ACT REQUIREMENTS)**

|  |  |
| --- | --- |
| Did you have Health Insurance Coverage for the Full Year? | Yes 🔿 No 🔿 |
| If Yes, how many months out of the Year did you have Health Insurance? |  |
| Are you claiming an Exemption from the Health Insurance Requirement? | Yes 🔿 No 🔿 |
| What was the Reason for the Health Insurance Exemption? |  |
| What is your Exemption Certificate Number (ECN) from the Marketplace? |  |
| Did you purchase your Health Insurance from a State Based or Federally Facilitated Marketplace? | Yes 🔿 No 🔿 |
| Did you receive any Cost sharing Subsidies or Tax Credits for your Health Insurance? | Yes 🔿 No 🔿 |
| If you answered Yes, what was your monthly Advanced Premium Tax Credit (APTC) | $ |
| How many months did you receive the APTC? |  |
| Have you received the Health Insurance Marketplace Statement (Form 1095-A)? | Yes 🔿 No 🔿 |
| If Yes, please attach (Form 1095-A) with Tax Intake Worksheet |  |

**MEDICAL DEDUCTIONS (Out of Pocket Expenses)**

|  |  |
| --- | --- |
| Prenatal Care | $ |
| Eyeglasses | $ |
| X-Rays | $ |
| Medical Lodging | $ |
| Therapy Equipment | $ |
| Medical Supplies & Appliances | $ |
| Prosthesis Expense | $ |
| Postnatal | $ |
| Hearing Aids | $ |
| Lab Fees | $ |
| Bandages | $ |
| Crutches | $ |
| Diabetic Expense | $ |
| Therapy Pool | $ |
| Medicare | $ |

**OTHER MEDICAL DEDUCTIONS (Out of Pocket Expenses)**

|  |  |
| --- | --- |
| Medicine and Drugs | $ |
| Hospitals | $ |
| Transportation & Lodging | $ |
| Miles for medical purposes | $ |
| Insurance Premiums | $ |
|  |  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**TAXES PAID**

|  |  |
| --- | --- |
| State taxes paid This Year for prior years | $ |
| Personal Property Taxes (Look up Tax portion on vehicle registration documentation) | $ |
| Real Estate Taxes | $ |
| First-Time Homebuyer Credit Repayment | $ |
| Other Taxes | $ |

**CHILD AND DEPENDENT CARE EXPENSES (Include Parents if Applicable)**

|  |  |
| --- | --- |
| Child’s Name |  |
| Care Provider’s Name |  |
| Address |  |
| SSN or EIN |  |
| Amounts Paid | $ |

**CHILD AND DEPENDENT CARE EXPENSES (Include Parents if Applicable)**

|  |  |
| --- | --- |
| Child’s Name |  |
| Care Provider’s Name |  |
| Address |  |
| SSN or EIN |  |
| Amounts Paid | $ |

**EDUCATION TAX CREDITS**

|  |  |
| --- | --- |
| Institution Name |  |
| Where you Enrolled Full Time or Half Time |  |
| How many years have you been in college? |  |
| Please attach Form 1098-T | $ |
| List Educational Expenses (Required Books, Materials, Computer, Fees etc.) | $ |

**MORTGAGE & INTEREST EXPENSE (Please Attach 1098)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did You Purchase a new home?** | Yes 🔿 No 🔿 |  |
|  | **Property 1** | **Property 2** | **Property 3** |
| Mortgage (Interest) | $ | $ | $ |
| 2nd Home Mortgage | $ | $ | $ |
| Home Equity Interest | No longer Deductible | No longer Deductible | No longer Deductible |
| Private Mortgage Insurance | $ | $ | $ |
| Points Paid | $ | $ | $ |

**CONTRIBUTIONS MADE**

|  |  |
| --- | --- |
| Churches or Ministers (Provide name of Church and Contribution statement if possible) | $ |
| Missions and Evangelism | $ |
| Evangelists | $ |
| Non-Cash Assets- Fair Market Value (Land, houses, stocks etc.…) | $ |
| Other: | $ |
| Other: | $ |

**MISCELLANEOUS**

|  |  |
| --- | --- |
| Adoption Expense: Max is $14,440 (More for Special Needs Adoptions) | $ |
| Moving Expenses | $ |
| Investment Expense | $ |
| Safety Deposit Box | $ |
| Safety Equipment | $ |
| Spouse Dues | $ |
| Tax Preparer Fee (No longer Tax Deductible) | N/A |
| Other: | $ |
| Other: | $ |

**PROVIDER’S DECLARATION**

Name of Individual Client and/or Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Form(s) \_\_\_\_\_\_\_\_\_\_ Year Ending: 2021\_

To protect you, the Client, this professional tax preparation firm follows accepted ethical procedures as specified by the Internal Revenue Code and/or applicable guidelines governing the conduct of professional tax preparers. After reading each statement below carefully, please acknowledge your acceptance by signing the bottom of this form. Thank you for your cooperation and understanding of the responsibilities we must accept as professional tax preparers.

The specified income tax returns have been prepared for me and/or my business at my direction by William V Thompson, Tax Consultant, or Newsam T Mutamba, Tax Accountant, through The Church Coalition (TCC).

I have reviewed the completed returns and understand their contents and have received a copy of the returns. I realize it is my responsibility to include in my files all documentation necessary to substantiate all income, deductions, and credits reflected on the returns for at least 7 years.

*All information on these returns is true and accurate according to the information furnished by me to Tax Firm. Nothing has been added or deleted by the preparer that would understate my tax liability.*

All taxable income has been reported, including any bartering, any partnership interests, any sales of business or personal assets, and all interest and dividend income from all sources.

I have informed my tax preparer of any adjustments or correspondence between any taxing authority and me and/or my business during the past \_\_\_ years.

I have been informed that I must have adequate written records for all deductions and specifically for:

* Any travel or entertainment,
* Any business use of a vehicle,
* Any business use of “listed property,”
* Any non-cash contributions to charity.

I understand my professional tax preparer has based the entries on these returns according to present laws, regulations, and other applicable authority. I understand that tax law and its interpretation is subject to continual change and therefore the rules and principles followed in the preparation of these returns may not be applicable for any other tax year.

My tax preparer has indicated any aggressive applications to me and I understand such a position may be questioned or overturned in the audit process. I agree to hold my preparer harmless from any examination and possible reversal on this (these) issues.

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

Tax Consultant

William V Thompson Or

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

Tax Accountant

Newsam T Mutamba

Accepted By Client(s):

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

Individual Signature Spouse’s Signature (if married)

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Date Signed Date Signed