

Graced 4 Service, LLC

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2216 West Meadowview Dr
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Greensboro, NC 27407

Income Tax Data Sheet

Tax Year: _____

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:
Your Mailing Address:	Your Home Phone: () -	
	Your Work Phone: () -	
Email Address:		

DEPENDENTS

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	\$
House Payments / Rent Payments	\$
Parsonage Allowance	\$
Furniture Allowance	\$
	\$

INFORMATION ON ESTIMATED TAXES

ESTIMATED TAXES

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 <input type="radio"/> No <input type="radio"/> \$
Did you have any non-taxable interest income? If so, list amount.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you sell or redeem any U.S. Savings Bonds? If so, list amount.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you earn any Dividends? If so, attach 1099 DIV's.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you earn any Capital Gains? If so, attach 1099B's.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you take any Non-taxable Distributions? If so, attach 1099 B's.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you receive any pension distributions? If so, attach 1099 R's.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you make contributions to your pension plan?	Yes <input type="radio"/> No <input type="radio"/> \$
Have you recovered your contribution?	Yes <input type="radio"/> No <input type="radio"/> \$
Did you have any rollovers? If so, attach 1099 Rs rollover papers.	Yes <input type="radio"/> No <input type="radio"/> \$
Did you receive any Social Security Income?	Yes <input type="radio"/> No <input type="radio"/> \$
Did your spouse receive any Social Security Income?	Yes <input type="radio"/> No <input type="radio"/> \$
Did you or your spouse receive any alimony?	Yes <input type="radio"/> No <input type="radio"/> \$

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
	/ /	/ /	\$	\$	\$
	/ /	/ /	\$	\$	\$
	/ /	/ /	\$	\$	\$

OTHER INCOME:

	\$
	\$

INFORMATION ON YOUR EXPENSES

MINISTERIAL PARSONAGE & HOUSING EXPENSES

Fair Rental Value of Parsonage/Housing Allowance amount:		\$
Mortgage Payment / Rent Payment	Own <input type="radio"/> Rent <input type="radio"/>	\$
Mortgage Interest		\$
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 (Please provide a list on a separate sheet)		\$
Roofing		\$
Sound & Video Items		\$
Water & Sewer		\$
Other Expense (Please Identify)		\$
Other Expense (Please Identify)		\$
TOTAL		\$

MINISTERIAL AUTO EXPENSE

Total Miles Driven	
Total Pastoral / Professional Miles (Or use professional mileage percentage)	
Auto License and Fees	\$
Interest on Auto Loan	\$
Sales Tax Paid	\$
Tolls Paid	\$

OPTIONAL MINISTERIAL AUTO EXPENSE (List Amount Spent)

Accident Repairs	\$
Automotive Club	\$
Batteries	\$
Belts & Antifreeze	\$
Car Care Products	\$
Filters	\$
Gas Expense	\$
Insurance	\$
Lease Payments	\$
Non-Accident Auto Repairs	\$
Oil & Lubrication	\$
Other Engine Repairs	\$
Shocks	\$
Sound Equipment	\$
Tires	\$
Towing & Auto Rentals	\$
Tune-ups	\$
Upholstery	\$
Washing & Waxing	\$

MINISTERIAL TRAVEL & ENTERTAINMENT (Keep receipts for three years)

Plane Fares	\$
Bus & Trains	\$
Taxi Fares	\$
Motels & Hotels	\$
Out of Town Meals	\$
Tips	\$
Entertaining Meals Out	\$
Entertaining In Home	\$

MINISTERIAL CONTINUING EDUCATION (Do not include expenses paid to become a minister)

Tuition	\$
Books	\$
School & Study Supplies	\$
Transportation Expense	\$
Meals	\$
Lodging	\$
Educational Trip Expense	\$
Educational Activity Expense	\$

MINISTERIAL EXPENSES

Accounting	\$
Advertising	\$
Bank Charges	\$
Bibles	\$
Casual Labor	\$
Clergy Uniforms	\$
Dues & Professional Societies	\$
Equipment Rent	\$
Insurance (office or professional)	\$
Interest (professional)	\$
	\$
Laundry & Cleaning	\$
Legal Fees	\$

Telephone-Ministry long distance	\$
License & Professional Fees	\$
Office & Equipment Repairs	\$
Office Rent	\$
Office Supplies	\$
Office Telephone	\$
Office Utilities	\$
Periodicals	\$
Postage	\$
Religious Books	\$
Sermon Material	\$
Supplies	\$
Other Expense: (Identify)	\$
Other Expense: (Identify)	\$

SELF-EMPLOYED BUSINESS INCOME

Business Name	
Business Address	
Primary Business Activity	
Income earned from self employed business this year	\$

SELF-EMPLOYED BUSINESS EXPENSES

Advertising	\$
Bad Debts	\$
Bank Service Charges	\$
Car & Truck Expense	\$
Commissions	\$
Costs of Goods	\$
Dues & Publications	\$
Equipment Rentals	\$
Freight & Shipping	\$
Insurance (other than health)	\$
Laundry & Cleaning	\$
Legal & Professional Fees	\$
Materials & Supplies	\$
Meals & Entertainment	\$
Merchandise	\$
Mortgage Interest	\$
Office Expenses	\$
Non-Real Estate Interest Paid	\$
Non-Real Estate Taxes & Licenses	\$
Real Estate Taxes	\$
Rent on Business Property	\$
Repairs	\$
Supplies	\$
Tools	\$
Travel (no meals)	\$
Uniforms	\$
Utilities & Telephone	\$
Wages & Salaries	\$
	\$

RENTAL INCOME AND INFORMATION

	Property 1	Property 2	Property 3
Income Earned	\$	\$	\$
Type of 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

MEDICAL DEDUCTIONS

Table with 2 columns: Description and Amount. Rows include 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

Table with 2 columns: Description and Amount. Rows include Medicine and Drugs, Hospitals, Transportation & Lodging, Insurance Premiums, and a section for doctor names and amounts paid above insurance.

TAXES PAID

Table with 2 columns: Description and Amount. Rows include State taxes paid prior year, State taxes paid this year for prior years, Auto License Fee, Auto Sales Tax, Boat Taxes, Irrigation Taxes, Personal Property Taxes, Property Taxes, Real Estate Taxes, Other Taxes.

MORTGAGE & INTEREST EXPENSE

	Property 1	Property 2	Property 3
Mortgage	\$	\$	\$
2nd Home Mortgage	\$	\$	\$
Late Charges	\$	\$	\$
Points Paid	\$	\$	\$

CONTRIBUTIONS MADE

Churches or Ministers	\$
Missions and Evangelism	\$
Evangelists	\$
Other:	\$
Other:	\$
Other:	\$

MISCELLANEOUS

Adoption Expense	\$
Moving Expenses	\$
Batteries	\$
Business Dues	\$
Investment Expense	\$
Safety Deposit Box	\$
Safety Equipment	\$
Spouse Dues	\$
Tax Preparer Fee	\$
Other:	\$
Other:	\$
Other:	\$

PROVIDER'S DECLARATION

Name of Individual Client and/or Business: _____

Tax Form(s) _____ Year Ending: 20__

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 [LaVerne Wilson](#), Tax Consultant, through [Graced 4 Service, LLC](#).

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
Graced 4 Service, LLC

Accepted By Client(s):

Individual Signature

Spouse's Signature (if married)

Date Signed

Date Signed