

2024 TAX CHECKLIST

Clergy.Tax

Zephyr Associates, Inc.

TEL 559-850-4400 FAX 877-285-1055

office@clergy.tax

99073 Pinion Ridge Rd, Inyokern, CA 93527-3234

For the 2024 tax year v1

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

Must use correct year checklist-Always changes

Your Notes:

Use our Secure Client Portal to upload forms & data.
Email us at office@clergy.tax to request account setup.

Alternately, mail to us, email to office@clergy.tax or
FAX TO 877-285-1055

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:

Be sure to keep copies of all data for your records

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 2024? 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 2024?



GENERAL INFORMATION *If we already have this, just fill in name, best phone# and add **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 _____



Telephone

- Home
- Work/Self
- Work/Spouse
- Cell/Self
- Cell/Spouse

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 tax 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 2024? If so, supply details. 

Did you give more than \$18,000 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 receive, buy or sell virtual currency in 2024 (Bitcoin, etc)?

Was entire family covered by Health Insurance in 2024? *If you received premium tax credit, attach 1095-A*

I owe Use Tax (Sales Tax on out-of-state purchases) in the amount of \$ _____

Is bank account data for Direct Deposit or Electronic Payment the same as last year? Pay tax owed via ACH with efile of return(s).

If you received an IP PIN from IRS for 2024, provide copy of IRS letter


Retirement Plans

Show Only Amounts ADDED in 2024


Please provide copies of year-end statements showing IRA amounts contributed (Form 5498). 403b and 401k contributions via employer will appear on W2 --do not list here unless not showing in Box 12 of W2.

	Self	Spouse
IRA or SEP IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
403b or 401K <i>not</i> on W2	\$ _____	\$ _____

2024 Estimated Tax Payments

	Federal	 State	Date Paid
(If new client 2023 overpayment credited to 2024 tax:)	\$ _____	\$ _____	____/____/____
Amount paid with extension (with 2024 Form 4868)	\$ _____	\$ _____	____/____/____
Voucher 1 Estimated tax payments (Due April 15):	\$ _____	\$ _____	____/____/____
Voucher 2 Estimated tax payments (Due June 17):	\$ _____	\$ _____	____/____/____
Voucher 3 Estimated tax payments (Due Sept.16):	\$ _____	\$ _____	____/____/____
Voucher 4 Estimated tax payments (Due Jan 15, 2025):	\$ _____	\$ _____	____/____/____

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

SOURCE	Self	Spouse	INTEREST INCOME If \$10 or more (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 1099-Rs	\$ _____	\$ _____	STOCK DIVIDENDS (Provide all 1099-DIVs)
Unemployment/Disability Income	\$ _____	\$ _____	From _____ \$ _____
Jury Duty	\$ _____	\$ _____	From _____ \$ _____
Sales on eBay, Craig's list, etc. 	\$ _____	\$ _____	From _____ \$ _____

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 2024 \$ _____	Decorations	\$ _____	Utilities* (Except Phone)	\$ _____
Property Taxes ¹ * \$ _____	Furnishings	\$ _____	Cleaning Supplies*	\$ _____
Insurance/Home Warranty ¹ * \$ _____	Gardening, Pool Service	\$ _____	Misc	\$ _____
			Landline Base Rate	\$ _____
			[]AI []T	
			TOTAL	\$ _____

¹ If not included in mortgage payment. List property tax also on Page 4.

AUTO EXPENSE

Enter 1 vehicle for 1 activity per column--one car may be listed in two or more columns. Reimbursed at less than \$.67/mile, or need more columns? Use Auto Expense Form

Business/Professional Activity (Ministry, Honoraria, Job, etc.)	by: Self or Spouse	Self or Spouse	Self or Spouse	Self or Spouse
Year, Make and Model of Vehicle	_____	_____	_____	_____
Purchase Price (needed 1st yr)	\$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase/Lease*	____/____/____	____/____/____	____/____/____	____/____/____
Mileage: Total driven in 2024	_____	_____	_____	_____
Mileage: Professional	_____	_____	_____	_____
Parking, Tolls	\$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____
Auto License Renewal Fees	\$ _____	\$ _____	\$ _____	\$ _____
Loan Interest Paid this Year	\$ _____	\$ _____	\$ _____	\$ _____
Vehicle Lease/Rental	\$ _____	\$ _____	\$ _____	\$ _____

Was vehicle available for personal use after hours? **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	\$ _____	\$ _____
Income Tax Preparation Paid in 2024	\$ _____	\$ _____
Other office & computer expenses	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Postage/Stationery/Cards Etc.	\$ _____	\$ _____
Books/Periodicals/Papers	\$ _____	\$ _____
Film/MP3s/Videos/DVDs	\$ _____	\$ _____
Travel: Transportation, Lodging, etc.	\$ _____	\$ _____
Travel & business meals: Restaurant	\$ _____	\$ _____
Travel & business meals you cooked	\$ _____	\$ _____

Do not include expenses reimbursed by an accountable reimbursement plan.

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

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 (Only for calcs of % of professional expense)

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

CONTRIBUTIONS-Must be 501c3 Church/Charity Page 4

Cash donations with NO receipt/check \$ _____

Small donations WITH receipt/check \$ _____

Churches & Charitable Organizations:

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Charitable/Volunteer Expenses \$ _____

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**. Valuation Guide available in forms on our web.



_____ \$ _____

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 \$ _____

Other (List) \$ _____

CASUALTY LOSSES (Unreimbursed portion only)

Fire/Storm \$ _____

Auto Accident \$ _____

Property Damage \$ _____

Loss was in presidentially-declared disaster area

	Balance	Interest Paid
Student Loans	\$ _____	\$ _____
Car Loans: List under vehicle on Page 3		
Other _____	\$ _____	\$ _____

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