



CLIFFORD & ASSOCIATES, LLC
S. D. Clifford Advisors, LLC
Harvest Pension Group, LLC

4150 Belden Village St. NW, Suite 601, Canton OH 44718
 330-493-1814 Toll-Free: 1-800-456-1803 Fax: (330) 493-1807
contact@sharetheharvest.com www.sharetheharvest.com

Instructions to Taxpayers:

On behalf of all of us, thank you for allowing us to serve you in this annual responsibility.

Our goal is to make tax filing as simple as possible in spite of expanding government regulations. The IRS is again, understaffed and overwhelmed. Cybersecurity concerns have increased our identity theft precautions. Intuit's Proconnect Link service provides our highest level of secure communications. It is a portal for sending and receiving tax information using the latest technology.

On the following pages you will find our annual Engagement Letter & Privacy Policy, Use Agreement & Client Organizer. Be sure to sign and date the Engagement Letter & Use Agreement. According to current Federal regulations, we must have a signed copy of this letter before we can prepare your return. Typed E-signatures are now acceptable on all Federal IRS forms.

Please forward the Organizer to us with your tax information. If you can fill this in online & forward, wonderful! Using your own well organized worksheets are usually fine. Ours may have more pages & lines than most need. Typed signatures are acceptable on online forms.

We accept tax information a variety of ways: You may hand-deliver, mail, scan to email, or fax to us along with copies of all your tax statements and other tax materials. Uploading forms through Intuit's Proconnect Link is the most secure way to contact us. Email us for instructions.

Send email to Contact@sharetheharvest.com Use "Current Year Tax Info" for the subject.
 Fax to 330-493-1807

Blessings!

Steven D Clifford,
Enrolled Agent, Certified Financial Planner®

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ENGAGEMENT LETTER & PRIVACY POLICY NOTICE

From:

Print or type full name & spouse name, if applicable

TO: CLIFFORD & ASSOCIATES, LLC

I/WE have engaged you to prepare my/our income tax returns, including federal, state, local and school districts as applicable for the year ended December 31, _____, except as marked. In that respect, I/WE state that, to the best of my knowledge and belief:

- I/WE understand that it is my responsibility to provide all the information necessary to complete the returns. I/WE will retain for five years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my returns.
- I/WE understand that you will not audit or otherwise verify any information, and that you may require clarification or additional information.
- I/WE have provided true, correct, and complete information regarding my income as listed on the attached Forms W-2, 1099 and/or attached written summaries. I/WE have included all income received during the year, including unemployment compensation, sales of property, withdrawals from investments, jury duty pay, lottery winnings, etc.
- I/WE have provided true, correct, and complete information regarding amounts I/WE have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I/WE have fully documented all business travel and entertainment deductions and have maintained logbooks to support the business use percentage of automobiles, cellular phones, and other business assets.
- I/WE have no foreign financial accounts, trusts, or businesses, except as indicated in the information I/WE have provided to you.
- I/WE have not employed any household help that would be subject to payroll taxes except as reported.
- I/WE do not wish to designate a portion of my taxes to support the Presidential Election Campaign Fund or the Ohio Political Party Fund, or other optional donations, unless I/WE have specifically stated so in the attached documents.
- I/WE have provided you with an accurate total of out-of-state purchases made during the year(s) on which I/WE paid no sales tax, including purchases from catalogs, by telephone, and via the internet.
- I/WE will contact you as soon as practical if I/WE receive any letters from the IRS or other taxing authorities concerning these tax returns.
- I/WE understand penalties and interest may be imposed on late, underpaid, or incorrect returns.
- I/WE will contact you as soon as practical if I/WE discover additional information that will change my tax returns. I/WE understand additional charges may apply.
- I/WE understand if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, you will use your professional judgment in resolving the issues. I/WE understand that you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
- I/WE understand your invoice will be due and payable upon completion of these returns, and that additional services will not be performed until the invoice for these services is paid in full.
- I/WE understand invoice will be based upon your standard billing rates. A deposit may be requested.
- I/WE understand I/WE will be charged an additional fee to respond to any letters or requests from the IRS or other taxing authorities. I/WE understand that, in the event of preparer error, I/WE am/are responsible for any additional tax that may be due. Clifford & Associate's liability is limited at most to interest and penalties up to the date of discovery.

ENGAGEMENT LETTER & PRIVACY POLICY NOTICE

It is the policy of Clifford & Associates to keep all information that we collect from you confidential from all sources. We restrict access to all nonpublic personal information about you to members of our firm who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information. We do collect nonpublic personal information about you from the following sources:

- Information we receive from you on tax preparation organizer, worksheets, Federal and State tax reporting forms, and from other documents we use in tax preparation or other financial and related services.
- Information about your transactions with us, our affiliates, and others.
- Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as instructed by you in writing or as required by law as listed below:

- Requirements to comply with federal, state, or local law.
- Requirements to comply with national, state, or local licensing rules.
- Requirements to disclose information in response to legal subpoenas.
- Items you permit or request us to disclose, as authorized by you in writing.
- Information that you authorize us to disclose by signing this engagement letter to electronically file your tax return, when applicable.
- Information that you authorize us to disclose by signing this engagement letter, which discloses that you are our client, without disclosure of financial or other personal information.

I/WE have read the above engagement letter and privacy policy and understand my responsibilities with regard to income tax preparation. If there are other tax returns that I/WE expect you to prepare, such as tax returns for my children, or other services, such as financial planning or insurance review, I/WE will note them at the end of this letter.

IF married, signing this form grants each spouse the power to sign Form 8879 IRS E-file Signature Authorization on behalf of the other. If do you do not wish to grant this power, both signatures will be required which may delay processing.

Accepted by:

Taxpayer Signature

Date

Name (Print or type) _____

Spouse Signature

Date

Name (Print or type) _____

Both spouses may initial, if applicable:

_____ **Include returns of dependents, children's or taxpayer's parents**

_____ **Allow either spouse to authorize E-filing of federal and state returns.**

CLIENT NAME(S):(type or print) _____



Annual Client Information Use Agreement

CLIFFORD & ASSOCIATES, LLC

4150 Belden Village St. NW, Suite 601, Canton OH 44718

(330) 493-1814 800-456-1803 Fax: (330) 493-1807 contact@sharetheharvest.comwww.sharetheharvest.com

In addition to tax preparation services, this firm is in the business of providing year-round financial planning, and investment advisory services. Investment services are offered through S.D. Clifford Advisors, LLC. These services cannot be provided without your consent. If you consent to disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

Federal law requires this consent form be provided to you (Internal Revenue Code Sec. 7216). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year. You may terminate this consent at any time by providing a written request for termination.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 800-366-4484, or by email at complaints@tigta.treas.gov.

Please initial all that apply:

I/WE authorize Clifford & Associates, LLC, and S.D. Clifford Advisors, LLC, to use my income tax return(s) and all related income tax information for the purpose of calculating estimated income taxes payable and such other tax, insurance, financial planning, and investment assistance as I/WE may request now or in the future.

I/WE authorize Clifford & Associates, LLC, to use my name and address, including releasing it to a printer or third-party mail house, for the purpose of facilitating Clifford & Associates, LLC, mailings, such as calendars and newsletters.

I/WE authorize Clifford & Associates, LLC, to use our email addresses for the contacting us regarding our tax returns and other related purposes as well as sending digital copies of returns or other mailings. Clifford & Associates, LLC does not sell its mailing lists.

Taxpayer Signature (A typed signature is acceptable if faxing or emailing.) **Date**

Name (Print or type) _____

Spouse Signature (A typed signature is acceptable if faxing or emailing.) **Date**

Name (Print or type) _____

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Client Tax Records Organizer

CLIFFORD & ASSOCIATES, LLC

S. D. Clifford Advisors, LLC

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www.sharetheharvest.com

Name(s)(Type or print)

Tax Year:

Please use this organizer for this year's filing season. Please read carefully. Complete, sign, and date only the worksheets that apply. If you need more space, please copy pages or attach a separate sheet. Return by email, scan to email, regular mail, fax or in person at your appointment. Uploading forms through Intuit's Proconnect Link® is the most secure way to contact us. Email us for instructions.

The information requested by this form will help us evaluate your tax situation and concentrate our efforts in preparing a complete return. **Do not copy information printed plainly on W-2's, 1099's, and other tax reporting statements. Send us copies of the forms instead.**

Please complete the following document checklist. **Copies of documents are fine. We do not need originals.**

	First time clients only: Copies of 2 forms of ID, including one photo ID. The IRS requires us to ask for this to help prevent fraud. We also need 2 ID's for each child for EIC.
	Copy of previous year's tax return (if not prepared by Clifford & Associates)
	Forms(s) W-2 received from all employers
	Form(s) 1099, 1098 & 1095-A for reporting income from interest, dividends, independent contractors, pensions, IRA's, 403B plans, tax refunds, HSA or MSA medical accounts, cancellation of debt, foreclosure, unemployment benefits, gambling winnings or annuities
	Form(s) SSA-1099 or RRB-1099 for Social Security, SSI, or Railroad Retirement benefits
	Form 1099-B Tax reporting forms from brokerage firms, custodian, or mutual fund company, or other documents for reporting sales of stocks, mutual funds or other assets.
	Form(s) 1098 for reporting mortgage interest, points, college tuition, student loan interest
	Schedule(s) K-1 for reporting partnership, estate, and trust income and deductions
	Statement(s) of gambling winnings, prizes, awards, jury-duty pay, or hobby income
	HUD-1 or other closing statement, if you bought, sold, or refinanced your home
	College account statement(s) showing the dates and amounts actually paid during the year
	Statement(s) showing the amount(s) of Veteran's Benefits or Worker's Compensation Benefits that you received during the year. NOTE: These are usually not taxable. However, they do count towards the calculations of certain tax deductions.
	Any letters from the IRS, State or Cities
	Optional: 401k Statements & login information for an annual review of allocations.

♥ **Personal Information** (please only note changes from prior year) |

Taxpayer Information

Last Name: _____

First Name: _____

Middle initial/Suffix _____

Social Security #: _____

Birth Date: _____

Legally blind: Permanently disabled:

E-mail address: _____

Work Phone: _____

Cell Phone: _____

Fax number _____

Home Phone _____

Annual Identity Verification: (Send photocopy or fill in)

Driver's License/ID issuing State: _____

License/ID number: _____

License/ID Issue Date: _____

License/ID Expiration Date: _____

Please provide Identity Theft Protection PIN for all family members if your case was resolved.

Spouse Information

Last Name: _____

First Name: _____

Middle initial/Suffix _____

Social Security #: _____

Birth Date: _____

Legally blind: Permanently disabled:

E-mail address: _____

Work Phone: _____

Cell phone: _____

Fax number _____

Annual Identity Verification: (Send photocopy or fill in)

Driver's License/ID issuing State: _____

License/ID number: _____

License/ID Issue Date: _____

License/ID Expiration Date: _____

Address:

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Marital Status Changes:

Did you experience a marriage, death, separation, or divorce during the year?

 No Yes

If yes, please explain and include name(s) and date(s):

Were you or your spouse outside of the United States at any time during the year? No Yes

If, YES, please provide travel dates and any income earned overseas.

Did you and your spouse live together for at least the last six months of the year? No Yes

Are you expecting a child or a marriage in the next year? If YES, Congratulations! We look forward to hearing more!

Information provided by (initials only): _____ **Date:** _____

Children & Dependents Worksheet (please only note changes from prior year)

Dependents: (For Earned Income Tax Credit, 2 forms of ID are needed.)

NOTE: Your child is usually your dependent even if he/she is away from the home for college.

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship:
 Son Daughter Other _____
 Marital Status: Single Married
 Permanently disabled:

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship:
 Son Daughter Other _____
 Marital Status: Single Married
 Permanently disabled:

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship:
 Son Daughter Other _____
 Marital Status: Single Married
 Permanently disabled:

First Name: _____
 Last Name: _____
 Middle initial/Suffix _____
 Social Security #: _____
 Birth Date: _____
 Relationship:
 Son Daughter Other _____
 Marital Status: Single Married
 Permanently disabled:

Certain relatives may qualify as dependents even if they do not live with you. Please check with your tax preparer if you have questions.

Were you involved in an adoption during the year? No Yes If yes, please include the date of the adoption, date(s) and amount(s) of any related expenses, and any special needs certification.

Child Care Costs for children up to age 13 or permanently disabled*

Child	Expenses Incurred While You/Spouse Worked	Child Care Provided by Employer	Name & Address of Care Provider	Social Security # OR EIN of Provider

*** Please include a copy of the annual statement from your child-care provider.**

Information provided by (initials only): _____ **Date:** _____

♥ Personal Information (cont.) (please only note changes from prior year)

Resident taxing city: _____
 Resident school district: _____
 Resident county: _____
 Work city: Taxpayer _____ Spouse _____
 Work county: Taxpayer _____ Spouse _____

Refunds are generally direct deposited to your bank account on file. Please note any changes. Taxes owed can also be deducted on request. Some estimated tax payments can be paid by auto-pay or online. Direct Deposit is safer and faster.

Type of Account: Checking Savings

Bank Routing #: _____

Bank Account #: _____

Name of Bank _____

Have you recently been involved in foreclosure or debt forgiveness or expect to be in the future?

No Yes Include the Form 1099-A or 1099-C.

Moved during year? No Yes

	Old Home	New Home
Location		
Date Moved Out/In		

Was your move job-related? If so, please use the worksheet below. If you live in a city, we will need to know which income was earned in each locality and or state for proper credit.

♥ Job-Related Moving Costs where the new job is over 50 miles from the old one

Note: Do not include meals or expenses reimbursed by the new employer.

Distance from old home to new workplace		
Distance from old home to old workplace		
Miles driven for move OR documented fuel expenses		
Transportation expenses for move (e.g. U-Haul, tolls, shipping)		
Storage of household goods and personal effects for up to 30 days. Some conditions apply.		
Lodging expenses for move (e.g. overnight stays en route)		
Less Moving expense reimbursements		
Less Amount of moving expenses paid directly by employer		

Information provided by (initials only): _____ **Date:** _____

Estimated Tax Payments

Enter the amount and date of checks written and mailed. Please double-check. Cancelled checks are the best record of estimated payments. Neither we nor the IRS are responsible for errors by taxpayers. **Be sure that amounts paid for the prior year's taxes are not included. List prior year credit carry-forwards, if any, on the first row. Payments in January are usually for the prior tax year.**

Quarter paid/ Due Date	Date Paid	Federal Taxes	State Taxes	City Taxes: City _____
Do not Enter Prior Year credits				
1st Quarter 4/15				
2nd Quarter 6/15				
3rd Quarter 9/15				
4th Quarter 1/15				

Federal tax payments can be made electronically several ways. Let us know if you are interested. Information is available at www.IRS.gov

College Education Credits

Please include a copy of the student's Form 1098-T and/or 1098-E **AND** an account statement from the institution showing the amount(s) actually paid. If the student works, please check to see if he/she needs to file a tax return. If a student/dependent files & claims themselves, the parents lose the education credits.

Student Name: _____

Level/Year in School (circle)

_____ Fresh – Soph – Jr - Sr

_____ Fresh – Soph – Jr - Sr

_____ Fresh – Soph – Jr - Sr

Enrolled in a program leading to a degree, certificate, or credential?

Education to acquire or improve job skills?

Take at least 1/2 a full-time workload during at least part of 5 months during the tax year?

Convicted of a felony for possessing or distributing a controlled substance?

Fasfa needed for the next year

1098-T included

1098-E included

Statement of account provided

Please make sure students do not claim themselves for taxes. If they do, an amended return must be filed. It will delay your refund by months. We give at least a 50% discount for all dependent returns.

Information provided by (initials only): _____

Date: _____

Adjustments & Deductions (just check if amounts are on statements)		
Adjustments:	Taxpayer	Spouse
Educator / Teacher expenses		
Health Savings Account Deduction paid personally: attach 1099-SA		
Personal Retirement account contributions: Please provide statements. We discourage funding traditional IRA accounts.		
Alimony rec'd: Name & Soc Sec # of payer		
Alimony paid: Name & Soc Sec # of payee		
Student Loan Interest: Attach 1098-E for each & every lender		
Deductions:		
Real estate taxes paid during the year on home and/or other property not reported on Form 1098 or other tax statement		
Personal Property taxes paid based on value (e.g. license tax based on value) to state of: _____		
Sales tax paid on the purchase of a car, truck, motorcycle or motor home.		
Out-of-state purchases on which no sales tax was collected		
Charitable Gifts: Please keep written records of all charitable contributions. Bank records (cancelled checks) may support donations under \$250. Donations over \$250 require a letter from the charity showing the name of the charity, the date of the contribution, the amount of the contribution, and proper IRS language. Also keep records (e.g. mileage log) documenting any miles driven for charity work as a volunteer worker or leader.		
Number of miles driven and <u>documented</u> for charitable service		
Charitable cash/check contributions		
Charitable non-cash contributions		
<p>*NOTE: If non-cash gifts total over \$500, the IRS needs the following information. Use extra sheets, as needed:</p> <ul style="list-style-type: none"> • Name and address of recipient organization. _____ (include receipt) • Description of property. _____ • Date of donation. _____ Month, Date, Year • Date property acquired. _____ Month, Date, Year • How property was acquired? ___Purchase, ___ Gift, ___ Other) • Cost of property. (If acquired by gift, the donors' cost) • Fair market value of property at the time of donation. • Fair Market Value taken from: ___ Appraisal, ___ Garage sale ___ Other <p>Non-cash gifts valued at more than \$5,000 require special paperwork & an appraisal.</p>		
Tax preparation fees paid in this tax year		
Miscellaneous Deductions: List job travel, union dues, job education, investment fees, safe deposit box fees, etc. The total will be reduced by 2% of Adjusted Gross Income.		

Information provided by (initials only): _____ **Date:** _____

♥ Un-reimbursed Job-Related Expenses (Form 2106; Not self-employed)

NOTE: Job expenses must be required as a condition of employment. Expenses may not be claimed if the employer has a reimbursement plan for any listed costs. It is always better to have an accountable reimbursement plan with your employer.

Work-Related Mileage:

Maintain written records (e.g. mileage log) documenting the date, miles, and business purpose for each trip driven for your work. The IRS will not allow a deduction for undocumented mileage. If there are multiple vehicles, please attach a separate statement with a breakdown per vehicle.

	Taxpayer	Spouse
Month/year vehicle was purchased		
Make and year of vehicle		
TOTAL miles this vehicle was driven in the year, regardless of trip purpose:		
Odometer reading 12/31:		
Odometer reading 1/1:		
Total business miles driven for the year (No personal mileage or commuting!)		
Total commuting miles driven for the year		
Parking fees, tolls, and transportation (e.g. by train or bus)		
Travel: (Away from home overnight, lodging, airfare, car rental, etc.)		
Do not include meals, entertainment, or expenses for non-employees (e.g. family members).		
For meals: Keep track of # of days per trip for per diem rates		
Total meals & entertainment of clients when business was discussed.		
Union dues:		
Professional memberships:		
Supplies purchased:		
Trade publications and professional resources:		
Continuing education, classes, seminars, etc. :		
Uniforms required by employer and not suitable for ordinary wear or required protective clothing (e.g. stoles, robes, hard hats, safety shoes)		
Total Out of Pocket Employee Expenses:	\$ _____	\$ _____

Information provided by (initials only): _____ **Date:** _____

(Schedule C) Self-Employed Business Expenses Worksheet for Single member LLC and sole proprietors. Use separate sheet for each business.

Use a separate worksheet for each business owned/operated. Do not duplicate expenses.

Name & type of business: _____

Owned/Operated by: Client Spouse

Income: Total sales, fees or honoraria in exchange for services or goods (Please explain if this figure includes amount(s) shown on Form(s) 1099 & include copies.) \$ _____

Expenses: (NOTE: Expenses must be *ordinary* and *necessary* for your business to be deductible.)

- Advertising \$ _____
- Car and Truck expenses: From worksheet on next page \$ _____
- Commissions & fees paid to others \$ _____
- Contract labor \$ _____

Did you pay \$600 or more in total during the year to any individual?

No Yes; Attach a copy of the 1099-MISC(s) filed.

- Depreciation (usually buildings) \$ _____
- Employee Benefits such as health insurance, not pension \$ _____
- Equipment, software, computers, tools less than \$500,000 \$ _____
- Insurance: Business & liability, not health. \$ _____
- Interest, business related borrowing only. Include statement \$ _____
- Legal & other professional services \$ _____
- Office supplies, paper, postage, etc. \$ _____
- Pension, employer contribution for employees _____
- Professional memberships \$ _____
- Rental/lease of equipment, machinery, etc. \$ _____
- Rental/lease of office space, land, buildings, etc. \$ _____
- Repairs of equipment & property but not vehicles. \$ _____
- Supplies (non-inventory) \$ _____
- Taxes: CAT, Employer 1/2 of FICA, Worker's Comp, Sales tax \$ _____
- Travel (away from home; do not include meals & entertainment) \$ _____
- Meals & Entertainment, Local meals require a log with details. (Keep track of # of days per trip for per diem rates) \$ _____
- Total meals & entertainment (List total. 50% will be deducted.)** \$ _____
- Utilities: Not for Office in Home. Include business % of cell phone. \$ _____
- Wages: Include copy of W-3 and Forms 941. _____
- Continuing education, classes, seminars, etc. \$ _____
(Travel as a form of education is not allowed.)
- Other business related expenses (please itemize) _____
\$ _____
\$ _____

Total Expenses: \$ _____

Business-Related Mileage:

NOTE: Keep a written mileage log showing the date, miles, and business purpose for each trip. The IRS does not allow a deduction for undocumented mileage. If there are multiple vehicles, please attach a separate statement with a breakdown per vehicle.

Month/day/year vehicle was placed in service for business use: _____

Make, model, and year of vehicle _____

Total miles this vehicle was driven this year, regardless of purpose _____

Odometer reading 12/31: _____

Odometer reading 1/1: _____

Total business-related miles driven for the year _____

Parking fees, tolls, and transportation (e.g. by train or bus): _____

Cost of Goods Sold:

Wholesale cost of beginning inventory, January 1 \$ _____

Purchases \$ _____

Withdrawals for personal use & gifts \$ _____

Supplies, shipping, & other costs of production \$ _____

Wholesale cost of ending inventory, December 31 \$ _____

Home Office

NOTE: A home office must be used **regularly** and **exclusively** for business, regularly for daycare, or for storage of inventory or product samples in order to claim a deduction.

Total area of home _____

Area used regularly & exclusively for business _____

Depreciation (usually buildings) _____

Insurance \$ _____

Mortgage interest paid (Please include all Forms 1098) \$ _____

Property taxes \$ _____

Repairs (list major improvements, such as a new roof, separately) \$ _____

Utilities \$ _____

Other (please itemize) _____

_____ \$ _____

_____ \$ _____

Total Expenses except for building depreciation: \$ _____

For daycare providers:

Area used regularly & exclusively for daycare _____

Area used regularly & partly for daycare _____

Total days used for daycare during the year _____

Hours used per day for daycare _____

Information provided by (initials only): _____ **Date:** _____

Clergy Worksheet for ordained or licensed pastors, ministers, priests and rabbis

Worksheet for: Client Spouse

- Attach a copy of your housing allowance and/or exclusion letter(s) or declaration(s) or pay agreement(s) for this tax year & next, if available.
- Visit <http://www.sharetheharvest.com/php/w2former.htm> for help preparing clergy W-2s.

Form W-2 Review for Clergy:

1. Does your clergy W-2 have anything listed in boxes 3 through 6?

No Yes If YES, there may be a problem. Double check with whoever prepared the W-2.

2. Is your housing or furnishing exclusion, housing allowance, and/or fair rental value of housing/parsonage included in box 1 of the Form W-2?

No Yes - STOP! Your W-2 is incorrect. Contact your employer to have it corrected.

3. Are the wages shown in boxes 1, 16 and 19 the same? Yes No If NO, find out why.

4. Is employer provided health insurance amounts shown in Box 12? No Yes
If NO, there may be an error.

5. **Small employers may reimburse individual health insurance premiums for 1 employee, pre-tax.** Medical sharing plans do not count as a pre-tax benefit but will avoid the tax penalty. Other reimbursement arrangements may be legal but must be checked as regulations continue to change.

Weddings, funerals, speaking fees or other honorariums for Schedule C

: \$ _____

- Please explain if this figure includes amount(s) shown on Form(s) 1099-MISC and include copies of the Forms 1099.
- Please provide state/city detail if the amount(s) were earned in other than your home city.
- Directly-related expenses (list type & amount):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Information provided by (initials only): _____ Date: _____

♥ Clergy Housing Worksheet for ordained & licensed ministers, priests & rabbis [§107]

List totals for the year for primary residence only: Client Spouse

Please check if _____ Parsonage or _____ Clergy-owned or rented dwelling.
 If you moved, list expenses for each house in separate columns & date.

(1) Allowance or Exclusion designated per written agreement & received (1) \$ _____

(2) PARSONAGE: Fair rental value of employer-owned home, no utilities A \$ _____
 Fair rental value of furniture & furnishings if known B \$ _____

Employer Paid Utilities Only:

Electric	\$ _____
Gas/Oil	\$ _____
Phone (personal local land-line only)	\$ _____
Cable/Internet/Satellite	\$ _____
Trash	\$ _____
Sewer/Water/Septic	\$ _____
Total Utilities provided.....	C \$ _____

Total for Employer owned housing: (add A+B+C) (2)\$ _____

(3) Actual expenses paid from housing allowance or furnishing exclusion allowance or clergy pension:

Mortgage payments or rent, annual total.	\$ _____
Real estate taxes (if not included in mortgage)	\$ _____
Insurance (if not included in mortgage)	\$ _____
Utilities (do include amounts paid by employer)	
Cable/Internet/Satellite	\$ _____
Electric	\$ _____
Gas/Oil/propane/heating fuel	\$ _____
Phone (personal, local, land-line only)	\$ _____
Sewer/Water/Septic	\$ _____
Trash	\$ _____
Repairs, maintenance, & improvements	\$ _____
Furniture, furnishings, & appliances	\$ _____
Landscaping, lawn mower, fertilizer etc.	\$ _____
Cleaning supplies, light bulbs, etc.	\$ _____
Decorating, painting, wallpapering, etc.	\$ _____
Carpeting, flooring, ceiling fans, etc.	\$ _____
Homeowners Association or condo fees	\$ _____
Any other house related expenses:	\$ _____
Total	(3)\$ _____

Net Housing Exclusion: Enter the lower number from 1, 2, or 3 \$ _____

DO NOT INCLUDE: Lawn mowing or maid services, groceries, personal toiletries, paper products, clothing, toys, movie rentals, cellular phones, long-distance phone service, or home equity loans not used for housing-related expenses.

Information provided by (initials only): _____ Date: _____

Rental Property Worksheet

(Use a separate sheet for each property. Do not duplicate expenses.)

Address of property: _____

Owned by: Client Spouse Jointly Ownership %: _____

Days rented: _____ Days rented at fair market value: _____

Days of personal use (including use by relatives): _____

If property was purchased or sold, please include the HUD-1 settlement form or other closing statement.

Income from Rent: \$ _____

Include advance rents in the year made. Do not include security deposits that will be returned to the tenant.

Expenses:

- Advertising \$ _____
- Cleaning & maintenance \$ _____
- Commissions \$ _____
- Insurance \$ _____
- Legal & professional fees \$ _____
- Management fees \$ _____
- Mortgage interest paid (Please include all Forms 1098) \$ _____
- Repairs (separately list major improvements, such as a new roof) \$ _____
- Supplies \$ _____
- Real Estate taxes \$ _____
- Utilities \$ _____
- Major improvements & appliances (list separately by date) \$ _____
- Other (please attach an itemized list) \$ _____
- Total Expenses except mileage & depreciation:** \$ _____

Did you pay \$600 or more to any person?

No Yes; Please attach a copy of the 1099-MISC that you filed. _____

Rental-related mileage:

NOTE: Keep a written mileage log showing the date, miles, and business purpose for each trip. The IRS does not allow a deduction for undocumented miles. If there are multiple vehicles, please attach a separate statement with a breakdown per vehicle.

Month/day/year vehicle was placed in service for business use: _____

Make, model, and year of vehicle _____

Total miles this vehicle was driven this year, regardless of purpose _____

Odometer reading 12/31: _____

Odometer reading 1/1: _____

Total Rental-related miles driven for this property _____

Information provided by (initials only): _____ **Date:** _____

Medical Expenses (only report amounts paid directly by yourselves) Generally, this includes deductibles and co-pays not paid from a HSA or MSA plan or account. **Most taxpayers must have expenses greater than 10% of their AGI to benefit.** Some states also allow this deduction.

	Taxpayer	Spouse	Dependent(s)
Prescription medications & insulin			
Health insurance premiums: (Note: Do not include employer-paid insurance or insurance paid by a pre-tax payroll deduction.) New, individual plans will require more questions.			
Insurance premiums for individual plans including dental & optometry			
Self-employed health insurance			
Medicare B & retiree premiums deducted from Pensions (include statements)			
Long-term care premiums			
Fees for doctors & dentists			
Fees for hospitals, clinics, etc.			
Lab and x-ray fees			
Medical equipment & supplies (e.g. walkers, handrails, TDD equipment, eyeglasses, contact lenses, hearing aids)			
Medical transportation expenses: (Keep a written log with the date, miles, and purpose of each trip. The IRS does not allow a deduction for undocumented mileage.)			
Miles driven for medical purposes			
Other medical transportation costs (e.g. ambulance fees, parking fees, tolls)			
Lodging for medical purposes (up to \$50 per night per person; do not include meals)			
Other medical & dental expenses (please attach an itemized list):			
Reimbursements/Distributions:			
Insurance reimbursement for any expenses listed			
Employer reimbursements for any expenses listed			
Medical Savings Account (MSA) or Health Savings Account (HSA) distributions (Include 1099-MSA or 1099-HSA)			
NEW: Subsidy received for insurance plan through Healthcare.gov if known.			

Information provided by (initials only): _____ Date: _____

Estimated Income for Next Year

Write “**Same**” if everything will remain about the same for next year.

Salary	
Clergy housing allowance (please note if expecting expenses to be less)	
Pension/retirement income	
Social security benefits	
Interest and dividend income	
Other income	

Significant changes expected to occur next year (e.g. child may no longer qualify as a dependent):

Are you saving enough for retirement? Yes No

You may wish to consider our financial planning services through S. D. Clifford Advisors, LLC.

Your employer may wish to consider our payroll services or a retirement plan through Harvest Pension Group, LLC.

Information provided by (initials only): _____ **Date:** _____