

Individual Tax Return Questionnaire





1

If you are new to the tax return service, please fill out this questionnaire and return it to taxes@startchurch.com. We cannot begin work on your return until we have this back.

2

For our returning clients, if you have already received or returned your 2023 tax organizer, you do not need to fill out this form, but please return your organizer ASAP.

3

We must have an organizer or questionnaire and payment to proceed with your tax preparation.

If you have any questions, please give us a call at **770-638-3444** or email the tax team directly, at taxes@startchurch.com.

TAX RETURN SERVICE QUESTIONNAIRE

Disclosure from StartCHURCH

Dear Sir or Madam,

We are pleased that you have chosen StartCHURCH to assist you with your taxes. Please read below for important procedural disclosures regarding the Tax Return Service.

Tax Returns

Upon receipt of all requested tax documents, we will prepare your tax return and send you a copy for your review. Please note that the initial tax return we send is a **draft** and may be subject to change upon request. If no changes are needed, **please sign the e-File Signature Authorization (Form 8879) and send it back to us** within 3 days so we can eFile your tax return promptly.

Processing Time

Please note that we will do our absolute best to process your return in an expeditious manner. We process all returns in the order they are received. Typically our processing time is 4 - 6 business days upon receipt of all tax documents we have requested from you. If you need the Priority Return Service, in addition to the standard tax service, please contact your representative. Priority returns will be processed in 1 - 2 business days upon receipt of all tax documents we have requested from you. Should you choose to submit deductions, we have the right to request that receipts be sent in a summarized statement.

Advisory Notice

Because we typically file ministerial returns, the outcome of your tax return may differ in comparison to other generic tax return services or standard CPA services. Ministerial returns are subject to different standards of the law depending on your financial predisposition. Other tax preparers may not file according to the laws that ministers are subject to, which may or may not produce substantial outcomes that affect your return. We will file your return according to the tax laws that govern your specific situation. **There is no guarantee of a tax refund with your tax return when utilizing our services.**

Revision Policy

We understand that there is always a possibility of a revision needing to be made to a completed tax return. You are afforded two revision requests if there is information you wish to submit that was not included initially. However, a third revision request will incur a fee of 50% of the price of the service fee. If the revision is an obligation from our mistake, it will not require a revision fee.

Please contact us during this process if you have any questions or needs.

Sincerely,

StartCHURCH Tax Department

Taxes@StartCHURCH.com

(770) 638-3444

Section 1 - Minister Information

If you are **married**, complete this section with information for the spouse whose name appears **first** on the return.

Name:		SSN:		Birthdate:	
Home Address:		Mailing Address:			
Phone Number:		Email:			
Occupation:					
Would you like to Auto-Renew your tax service, automatically reserving a spot and locking your current price in for next year?				Yes	No
Do you want \$3.00 to go to the Presidential Election Campaign Fund?				Yes	No
Have you opted out of self-employment taxes and received IRS approval? (Form 4361)				Yes	No
Were you approved to receive a housing allowance?				Yes	No
Did you have any charitable contributions of \$250 or more? <i>If Yes, please provide your Contributions Statement(s).</i>				Yes	No
Were you a resident of the current State you live in last year?				Yes	No
If Yes, please enter the dates.		From:		To:	

Section 2 - Filing Status & Dependents

Part A - Filing Status Determination

Was your status " Married " on December 31 st last year? <i>If Yes, please continue.</i>	Yes	No
Are you filing a " Joint " return with your spouse? <i>If Yes, your filing status is Married Filing Joint (MFJ). Go to Part B.</i>	Yes	No
Did you pay over ½ the cost of maintaining your home last year? <i>If No, your filing status is Married Filing Separate (MFS). Go to Part B.</i>	Yes	No
Did your spouse live with you during the last six (6) months of last year? <i>If Yes, your filing status is Married Filing Separate (MFS). Go to Part B.</i>	Yes	No
Did a qualifying dependent live in your home for more than six (6) months last year? <i>If Yes, your filing status is Head of Household (HOH). Go to Part C.</i> <i>If No, your filing status is Married Filing Separate (MFS). Go to Part B.</i>	Yes	No
Did you pay over ½ the cost of maintaining your home last year? <i>If No, your filing status is Single (S). Go to Section 3.</i>	Yes	No
Did a qualifying dependent live in your home for more than six (6) months last year? <i>If Yes, your filing status is Head of Household (HOH). Go to Part C.</i> <i>If No, your filing status is Single (S). Go to Section 3.</i>	Yes	No

Part B - Spouses Information

Name:		SSN:		Birthdate:	
Home Address:		Mailing Address:			
Occupation:		Email:			
Does your spouse want \$3.00 to go to the Presidential Election Campaign Fund?				Yes	No

Part C - Dependent Information

Please complete the following information for each qualifying dependent. Use a separate sheet of paper if you need more room. **Need help? Take a look at our [Qualifying Dependent guide at the end of this questionnaire.](#)**

First Name	Last Name	Birthdate	SSN	Relationship to you	# of months in your home last year

Section 3 - Information About Your Income, Adjustments & Credits

Could you or your spouse be claimed as an exemption on someone else's return?	Myself	Spouse
<p>If you have any dependents (children, parents, etc.) that you help support, did you pay someone to care for your dependent(s) so that you could work or look for work?</p> <p><i>If Yes, please provide the following information so that you can get the "Child and Dependent Care Credit":</i></p> <ul style="list-style-type: none"> • Name and address of each care provider that cared for your dependent(s) • The care provider's tax ID number (Social Security number or Employer Identification Number) • The amount of money you paid to the care provider 	Yes	No
<p>Did you receive any W-2 forms from an employer for last year?</p> <p><i>If Yes, please provide ALL W-2 forms that you received.</i></p>	Yes	No
<p>Did you receive any interest or dividends income for last year?</p> <p><i>If Yes, please provide ALL 1099-INT and/or 1099-DIV forms that you received.</i></p>	Yes	No
<p>Did you sell any capital assets, such as stocks or bonds, last year?</p> <p><i>If Yes, please provide ALL 1099-B forms that you received</i></p>	Yes	No
<p>Did you have any income reported on form 1099-NEC last year?</p> <p><i>If Yes, please provide ALL 1099-NEC forms that you received</i></p>	Yes	No
<p>Do you think you might itemize your deductions for last year?</p> <p><i>If Yes, please complete Section 4.</i></p>	Yes	No

Did you have any income from your own business last year? <i>If Yes, please complete the attached Business Expense Worksheet.</i>	Yes	No								
Did you receive a form 1099-R for a pension distribution last year? <i>If Yes, please provide ALL 1099-R forms that you received</i>	Yes	No								
Did you receive any Social Security or Rail Road benefits this year? <i>If Yes, please provide ALL SSA-1099 and RRB-1099 forms that you received</i>	Yes	No								
Did you make any contributions to an IRA last year?	Yes	No								
Did you receive any rental or royalty income, or incur any expenses related to rental or royalty property last year?	Yes	No								
Did you receive a Schedule K-1 for last year from a partnership, S Corporation, Limited Liability Corporation, or an Estate or Trust?	Yes	No								
Did you receive a distribution from a Medical Savings Account, or from a long term care insurance contract?	Yes	No								
Did you have any of the following sales or transfers of property? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Sale of principle home</td> <td style="width: 50%;">Sales of business assets or depreciable property</td> </tr> <tr> <td>Installment sale</td> <td>Like-kind asset exchange</td> </tr> </table>	Sale of principle home	Sales of business assets or depreciable property	Installment sale	Like-kind asset exchange						
Sale of principle home	Sales of business assets or depreciable property									
Installment sale	Like-kind asset exchange									
Did you have any of the following sales or transfers of property? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Refund of state or local income taxes</td> <td style="width: 50%;">Scholarship income</td> </tr> <tr> <td>Unemployment compensation</td> <td>Gambling income</td> </tr> <tr> <td>Alimony received</td> <td></td> </tr> </table>	Refund of state or local income taxes	Scholarship income	Unemployment compensation	Gambling income	Alimony received					
Refund of state or local income taxes	Scholarship income									
Unemployment compensation	Gambling income									
Alimony received										
Did any of the following "Tax Breaks" apply to you last year? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Medical savings account contributions</td> <td style="width: 50%;">Capital loss carryover from previous year(s)</td> </tr> <tr> <td>Moving expenses for a move abroad</td> <td>Moving expenses for a move to or within the US</td> </tr> <tr> <td>Alimony paid to name: _____</td> <td>SSN: _____</td> </tr> <tr> <td>Early withdrawal of savings penalty adjustment</td> <td></td> </tr> </table>	Medical savings account contributions	Capital loss carryover from previous year(s)	Moving expenses for a move abroad	Moving expenses for a move to or within the US	Alimony paid to name: _____	SSN: _____	Early withdrawal of savings penalty adjustment			
Medical savings account contributions	Capital loss carryover from previous year(s)									
Moving expenses for a move abroad	Moving expenses for a move to or within the US									
Alimony paid to name: _____	SSN: _____									
Early withdrawal of savings penalty adjustment										
Are you retired military drawing disability and retirement pay? <i>If Yes, what is your disability percentage per U.S. Department of Veterans Affairs (VA)? _____</i>	Yes	No								

Section 4 - Itemized Deductions

Complete this section only if you think you will itemize your deductions this year, as opposed to taking the standard deduction, which applies to your filing status as follows:

Part A - Medical Deductions

Medical deductions are only deductible if your net cost exceeds 7.5% of your Adjusted Gross Income. Do NOT include any amounts paid for or reimbursed by medical insurance or any other type of insurance. Also, do NOT include insurance premiums paid for with pre-tax income.

Hospitalization & health insurance premiums including amounts paid or withheld at work	\$	Doctors & clinics	\$
Medicare insurance premiums paid (Form SSA-1099)	\$	Contact lens insurance	\$
Long-term-care insurance premiums	\$	Prescription drugs & insulin	\$
Hospitals, nurses, alcoholism treatment, ambulance	\$	Prescribed medical equip.	\$
Glasses, contact lenses, eye examinations	\$	Dentists & orthodontists	\$
Phone toll charges for medical purposes (keep log for records)	\$	Dental insurance	\$
Lab tests, therapy, x-rays, anesthesiology	\$	Special foods, If prescribed	\$
Corrective devices, thermometers, vaporizers	\$	Hearing aids, batteries	\$
Vasectomy, tubal ligation, abortion costs	\$	Schooling for handicapped	\$
Nursing or retirement home (medical care costs only)	\$	Other: _____	\$
Cosmetic surgery (if it corrects congenital abnormality, injury, or disfiguring disease)	\$	Other: _____	\$
Lodging away from home while obtaining medical treatment	\$	Other: _____	\$
Medical miles: _____ miles @ 19¢ per mile = \$ _____ + Parking \$ _____			\$

Part B - Taxes

State or city income taxes withheld from pay (on W-2 form(s))	\$	Real estate taxes (1st home)	\$
State income taxes paid on estimates in 2023 calendar year	\$	Property tax refund(s)	\$
State income taxes paid this year for prior tax years	\$	Real estate taxes (2nd home)	\$
Special assessments (interest portion only)	\$	Other: _____	\$
Personal property taxes (Ad Valorem)	\$	Other: _____	\$

Part C - Interest Paid

1st mortgage interest (provide form(s) 1098), balance and origination date	\$	2nd mortgage	\$
Home equity / home improvement loan	\$	Loan points	\$

Describe purpose of draws:			
Points amortization	\$	Investment interest	\$
Contract for deed (must list name, address and SSN)			\$
Name: _____ Address: _____ SSN: _____			

Part D - Gifts to Charity

You must have a receipt from the charitable organization for cash contributions of \$250 or more.

Churches, synagogues, mosques	\$	Cancer or heart society	\$
United campaigns (Include payroll deductions)	\$	Boy or Girl Scouts	\$
M.S. / M.D. / March of Dimes	\$	Food shelf	\$
Out-of-pocket expenses for charitable work	\$	Other: _____	\$
Vets / Goodwill / Salvation Army, etc. (Cash ONLY)	\$	Other: _____	\$
Fair market value of non-cash contributions <i>Refer to Non-Cash Donations Worksheet</i>	\$	Charitable miles: _____ @ 14¢	\$

Part E - Casualty Loss

If you experienced a casualty loss (from flood, fire, theft, storm, auto accident, etc.) which EXCEEDS 10% of your Adjusted Gross Income (after your insurance claim), contact your local IRS office (In Atlanta at 404-522-0050 or at 800-829-1040 outside Atlanta) and request IRS publications 547 and 584. You can also download these publications from the web at <http://www.irs.ustreas.gov/> if you have access to the Internet. These publications provide worksheets and explain what information is required to determine your deductible loss, if any.

Section 5 - Health Care Coverage

Part A - Health Care Coverage General

Did you receive any of the following IRS documents? If Yes , please attach. <ul style="list-style-type: none"> ▸ Form 1095-A (Health Insurance Marketplace Statement) ▸ Form 1095-B (Health Coverage) ▸ Form 1095-C (Employer Provided Health Insurance Offer and Coverage). 	Yes	No
Did you and your dependents have health care coverage for the full year? If No , please complete Part B	Yes	No

Part B - Health Care Coverage Details

First Name	Last Name	Birthdate	Months covered last year											
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Section 6 - Checklist of Tax Documents Needed

Based on the answers you provided in this questionnaire, we have determined that we will need copies of the following items to complete your tax return. **If you have any additional tax documents that may not be listed here, please send them to us as well so that we can review them and include them on your Tax Return, if necessary.** You may submit these items via fax at 866-716-0032 or via email at taxes@startchurch.com.

Your Full 2022 Tax Return <i>Including schedules and attachments</i>	All 1099-NEC Forms <i>for you and/or your spouse</i>
All W-2 Forms <i>for you and/or your spouse</i>	All 1099-INT & 1099-DIV Forms <i>for you and/or your spouse</i>
Childcare Provider Information <i>Name, address, Tax-ID, & amount</i>	All 1099-B Forms <i>for You and/or your spouse</i>
Business Expense Worksheet <i>Provided by StartCHURCH</i>	All 1099-R Forms <i>for you and/or your spouse</i>
All 1095-A, 1095-B, or 1095-C Forms <i>for you and/or your spouse</i>	ALL SSA-1099 and RRB-1099 <i>for you and/or your spouse</i>

Section 7 - Bank Account Information

This information will be used to process your electronic tax refund **(if a refund is expected)**

Bank Name:			
Account Number:		Routing Number:	

Do you have a Qualifying Dependent?

According to IRS Publication 17, there are a few varying factors that allow a person to be considered a dependent and able to be claimed as a tax exemption on your Tax Return. We encourage you to review [IRS Publication 17](#) for a full understanding of a qualifying dependent. In the meantime, here are some of the most common tests to go by as stated on Publication 17.

What is a Qualifying Child?

1. Child must be your son, daughter, stepchild, foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a child of any of them.
2. Child must be **under 19** at the end of the year and younger than you or your spouse (if Married Filing Jointly) **OR** the child can be **under 24** at the end of the year if they are a **full-time student**. If they are disabled, age does not apply.
3. Child must have lived with you for more than **6 months** (*some exceptions apply*)
4. If the child has a job, they must not have provided **more than half** of his or her own financial support for the year
5. You are the only person claiming them on a tax return. (*Certain tie-breaker rules apply to divorced parents, you can review them in [IRS Publication 501](#)*)

What is a Qualifying Relative?

1. They **can not** be your qualifying child or the qualifying child of a separate taxpayer
2. Their **gross income must be less than \$4,000** for the year (*An exception applies if they are disabled and has income from a sheltered workshop, more in can be found in [IRS Publication 501](#)*)
3. Your relative must live with you all year **OR** must be on the [“Relatives Who Do Not Have to Live With You”](#) List
4. You provide **more than half** of the individual’s financial support for the year

StartCHURCH - Annual Business Expense Worksheet

Please complete this worksheet if you had any business expenses. After 2020 you may no longer deduct unreimbursed business expenses against your taxable income. However, it may help reduce your self-employment tax, if applicable.

Section 1 - Business Mileage

Vehicle 1

Make:		Model:	
Model Year:		Purchase Year:	
Purchase Price:		Business Miles:	
Commute Miles:		Personal Miles:	

Vehicle 2

Make:		Model:	
Model Year:		Purchase Year:	
Purchase Price:		Business Miles:	
Commute Miles:		Personal Miles:	

Section 2 - Home Office

Did you use your home as an office for your business? <i>If Yes, answer the following questions.</i>	Yes	No
What room did you use for the office?		
What is the square footage of the entire home?		
What is the square footage of the office used exclusively for business?		
How many hours per week did you average using the office?		
Did you pay rent for the home? If so, how much?		
Did you pay a mortgage? If so, how much?		

Section 3 - Salary and Wage Expenses

Commissions		Payroll	
Contract Labor		Payroll Taxes	
Employee Benefits		Other Payroll Expenses	

Section 4 - Other Business Expenses

Advertising		Meals (Business Purposes Only)	
Business Insurance (Not Health Insurance)		Entertainment (Business Purposes Only)	
Business Interest Paid (Not Home Mortgage)		Telephone	
Legal and Professional Fees		Cell Phone	
Office Expenses		Electric Utility	
Office Supplies		Gas Utility	
Rent or Lease Expenses		Water Utility	
Repairs/Improvements to Main Office		Postage	
Taxes		Shipping	
Travel (Business Purposes Only)		Other Expense	
Other Expense		Other Expense	
Other Expense		Other Expense	
Other Expense		Other Expense	
Other Expense		Other Expense	