

# CLERGY INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ Federal ID # \_\_\_\_\_

Are you ordained, licensed or equivalent? \_\_\_\_\_ Denomination: \_\_\_\_\_

Are you exempt from paying Social Security (approved Form 4361)? \_\_\_\_\_

Have you accounted to your employer and been reimbursed for business expenses? \_\_\_\_\_

How many hours during the year did you devote to this business? FULL TIME  OR # of hours \_\_\_\_\_

## ▼ INCOME ▼

<b>W2 Income:</b> Wages from W-2		<b>Honoraria Income: Self Employment</b>	
Housing Allowance (see below)			Weddings & Funerals
<b>Business Expense Reimbursement</b> Direct reimbursement <input type="checkbox"/> Auto _____ Set Amount <input type="checkbox"/> Other _____			Speaking engagements
			Liturgical work
			Barter
			Other

## ▼ Sales of Equipment and/or Machinery Held for Business Use ▼

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

## ▼ Housing Allowance Information ▼

Date of purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

FMV of home you own: \$ \_\_\_\_\_

	A PROVIDED BY CHURCH	B PAID BY MINISTER
1. Value of parsonage provided by church		
2. Rent of principal payments.....		
3. Taxes .....		
4. Interest.....		
5. Insurance.....		
6. Repairs & upkeep .....		
7. Furniture,, etc. ....		
8. Decorator Items.....		
9. Utilities .....		
10. Miscellaneous Supplies .....		

11. \*Fair Rental Value (FRV)  
\*Compute in year of purchase and in any year of major expense. (Homeowners only)

FRV of Home.....	
FRV of Furniture.....	
Decorator items.....	
Utilities .....	
Miscellaneous.....	
Total .....	

Income is realized to the extent the housing allowance exceeds the lesser of amount paid by minister or FRV.

## ▼ CAR and TRUCK EXPENSES ▼

	vehicle 1	vehicle 2
<b>Year and Make of Vehicle</b>		
<b>Date Purchased (month, date and year)</b>		
Ending Odometer <b>Reading (December 31)</b>		
Beginning Odometer <b>Reading (January 1)</b>	-	-
<b>Total Miles Driven</b> (End Odo - Begin Odo)		
<b>Total Business Miles</b> (do you have another vehicle?)		
<b>Total Commuting Miles</b>		
<b>Parking Fees and Tolls</b>		
<b>License Plates</b>		
<b>Interest</b>		
<i>Continue only if you take actual expense (must use actual expense if you lease)</i>		
<b>Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.</b>		
<b>Lease Costs</b>		

**Deductible mileage includes:**

- ✓ Educational Miles
- ✓ Hospital & Parishioner visits
- ✓ Meetings & outings outside the church
- ✓ Weddings & funerals outside the church

**Nondeductible commuting mileage includes:**

- ✓ Driving to and from church or other regular place of business.

## CLERGY BUSINESS EXPENSES (continued)

<p><b>ADVERTISING/PROMOTION:</b> Ads, business cards, holiday cards, flyers, promo items, etc.</p> <p>◇ <b>COMMISSIONS &amp; FEES PAID:</b> Contract labor, musicians, evangelists, etc.</p> <p><b>INSURANCE:</b> Business liability malpractice, (do not include auto/truck, health)</p> <p><b>HONORARIA:</b> Direct expenses Relating to self-employment</p> <p><b>INTEREST:</b> (do not include auto or truck) List life insurance loans separately Business <i>only</i> credit card</p> <p>◇ <b>LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting fees, copyright fees, bonds...</p> <p><b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, pens, etc.</p> <p>◇ <b>RENT/LEASE:</b> Machinery and equipment Other bus. property, storage fees</p> <p>◇ <b>REPAIRS &amp; MAINTENANCE:</b> Equipment (not auto/truck), etc.</p> <p><b>SUPPLIES:</b> Misc. relig. mat. (not listed elsewhere) Small tools</p> <p><b>TAXES:</b> Personal Property Licenses (not auto/truck)</p> <p><b>TRAVEL</b> (number of nights away)</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p> <p>City_____ Nights out_____ City_____ Nights out_____</p>	<p><b>EXPENSES</b> (AWAY FROM HOME OVERNIGHT):</p> <p>Lodging</p> <p>Meals &amp; tips (keep total separate from other costs)</p> <p>Other (incidentals, laundry, etc.)</p> <p>Convention fees</p> <p>Airplane or train fares</p> <p>Auto rental, taxis or bus fares</p> <p><b>MEALS &amp; ENTERTAINMENT:</b></p> <p>Business meals (incl. meals served at home)</p> <p>Gifts (limited to \$25 per filing &amp; excluding tithes)</p> <p>Tickets</p> <p>Tickets to qualified charitable events</p> <p><b>UTILITIES &amp; TELEPHONE:</b></p> <p>Telephone (bus. line, second line, other options)</p> <p>Business long distance (from home telephone)</p> <p>Faxes, paging svcs, cellular svcs, pay phone</p> <p><b>OTHER EXPENSES</b> (not listed elsewhere):</p> <p>Bank charges – business account</p> <p>Courier Services</p> <p>Prof. dues, periodicals, publications</p> <p>Education &amp; workshops</p> <p>Laundry &amp; cleaning</p> <p>Uniform expense</p> <p>Shipping</p> <p>Other</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## EQUIPMENT PURCHASED

*Musical instruments, office equipment, office furniture, professional library, etc.*

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Business Use	Other Information

◇ 1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sign here \_\_\_\_\_