

### **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. If we prepared your return, we will have the carryforwards.**

**Payments in January are usually for the prior tax year.**

| <b>Quarter paid/ Due Date</b>                   | <b>Date Paid</b> | <b>Federal Taxes</b> | <b>State Taxes</b> | <b>City Taxes:</b><br>City _____ |
|---|------------------|----------------------|--------------------|----------------------------------|
| <b>Do not Enter Prior Year credits/payments</b> |                  |                      |                    |                                  |
| 1st Qtr due April 15                            |                  |                      |                    |                                  |
| 2nd Qtr due June 15                             |                  |                      |                    |                                  |
| 3rd Qtr due Sept 15                             |                  |                      |                    |                                  |
| 4th Qtr due Jan 15                              |                  |                      |                    |                                  |
| Other Payments:                                 |                  |                      |                    |                                  |

Federal tax payments can be made electronically several ways. Let us know if you are interested. Information is available at [www.irs.gov](http://www.irs.gov). All states & some cities accept online payments.

### **College Education Credits**

**Please include**

- \_\_\_ A copy of each student's Form 1098-T
- \_\_\_ 1099-Q Qualified Education Program Payments
- \_\_\_ A statement of account from the institution showing the amounts actually paid.
- \_\_\_ Other education related expenses such as books, fees, computers.

If the student works, expect to file a tax return. Some must file in multiple states and cities.

If a student/dependent files & claims themselves, the parents lose the education credits.

**Please make sure students do not claim themselves for taxes.**

**If they do, an amended return must be filed to recover the education credits. It will delay your refund by 3-6 months. We give at least a 50% discount for all dependent returns.**

#### **Energy Credits**

**If you installed Solar Panels or other Energy Star certified home improvements, provide your receipts. If you purchased an electric/hybrid vehicle, provide your sales receipt.**

**Adjustments & Deductions ( check if amounts are on statements)**

| <b>Adjustments:</b>   | <b>Taxpayer</b> | <b>Spouse</b> |
|---|-----------------|---------------|
| Educator / Teacher expenses   |                 |               |
| Health Savings Account contributions paid personally:<br>Attach 1099-SA if there were any distributions   |                 |               |
| IRA or Roth Account contributions: Please provide statements.   |                 |               |
| 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  |                 |               |
| <b>Deductions:</b>  |                 |               |
| 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  |                 |               |
| <b>Charitable Gifts:</b> 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. We do not need copies of all charitable cash gift receipts. Only the total.   |                 |               |
| # of miles driven & <u>documented</u> for charitable service  |                 |               |
| Total Charitable <b>cash/check</b> contributions  |                 |               |
| Total Charitable <b>non-cash</b> contributions  |                 |               |
| <p><b>*NOTE: If non-cash gifts total over \$500, the IRS needs the following information. Use extra sheets, as needed:</b></p> <ul style="list-style-type: none"> <li>• Name and address of recipient organization. _____ (include receipt)</li> <li>• Description of property. _____</li> <li>• Date of donation. _____ Month, Date, Year</li> <li>• Date property acquired. _____ Month, Date, Year</li> <li>• How property was acquired? ___ Purchase, ___ Gift, ___ Other)</li> <li>• Cost of property. (If acquired by gift, the donors' cost)</li> <li>• Fair market value of property at the time of donation.</li> <li>• Fair Market Value taken from: ___ Appraisal, ___ Garage sale ___ Other</li> </ul> <p><b>Non-cash gifts valued at more than \$5,000 require special paperwork &amp; an appraisal.</b></p> |                 |               |

Alimony paid or received due to a divorce finalized after January 1, 2019 are neither taxable or deductible. Other divorce decrees remain in place.

**Did you make gifts to a charity directly from an IRA? If so, please provide the details.**

**Medical Expenses** (only report amounts paid directly by yourselves)

Generally, this includes deductibles and co-pays not paid from a HSA or FSA plan or account. Some states also allow this deduction.

Focus on the largest bills not paid by insurance.

|  | Taxpayer | Spouse | Dependent(s) |
|--|----------|--------|--------------|
| <b>Prescription medications &amp; insulin</b>  |          |        |              |
| <b>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 information.</b> |          |        |              |
| 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)  |          |        |              |
| <b>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.)</b>             |          |        |              |
| Miles driven for medical purposes 1/1-12/31  |          |        |              |
|  |          |        |              |
| 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):  |          |        |              |
| <b>Reimbursements/Distributions:</b>   |          |        |              |
| 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)   |          |        |              |
|  |          |        |              |

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| <b><i>✦ Tax Planning for Next Year</i></b> |
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Will most income and deductions be about the same next year?     YES     NO

|   |  |
|---|--|
| 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):

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

**Are you saving enough for retirement?**                      Yes              No

**Have you reviewed your will and estate plans recently?**

**You may wish to consider our financial planning and investment management services through Harvest Advisors LLC.**

**Your employer may wish to consider our retirement plan through us. We specialize in Clergy 403B, Simple-IRA and 401K plans for churches, non-profits and small businesses.**