ist totals for the year for <u>primary</u> residence o	nly: Client	Spouse	
lease check if Parsonage or C	Clergy-owned or	rented dwellin	σ.
you moved, list expenses for each house in set			8.
you moved, inst expenses for each nouse in ser		c dute.	
) Allowance or Exclusion designated per written	agreement & rec	eived (1) \$	
) PARSONAGE: Fair rental value of employer-o	wned home. no u	ilities A \$	
Fair rental value of furniture & furnishings if known			
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+			
ension:	r furnishing exclu	ision allowance	
 Actual expenses paid from housing allowance of ension: Mortgage payments or rent, annual total. 	r furnishing exclu	ision allowance	
 Actual expenses paid from housing allowance of ension: Mortgage payments or rent, annual total. Real estate taxes (if not included in mortgage) 	r furnishing exclu \$ \$	ision allowance	
 Actual expenses paid from housing allowance of ension: Mortgage payments or rent, annual total. Real estate taxes (if not included in mortgage) Insurance (if not included in mortgage) 	r furnishing exclu	ision allowance	
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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.