



**SHARE THE HARVEST PARTNERS LLC**  
**Harvest Advisors LLC**  
**Harvest Pension Group, LLC**

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

330-493-1814 Fax: (330) 493-1807

[contact@sharetheharvest.com](mailto:contact@sharetheharvest.com)

[www.sharetheharvest.com](http://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 complex government rules. The IRS remains understaffed. The IRS predicts delays in processing and issuing refunds. Patience is key. Information Security is becoming increasingly important in all that we do.

Our Engagement Letter, Privacy Policy & Client Organizer follows. **You do not need to return a signed copy of this agreement.** Submission of the completed Organizer and your tax records are confirmation that you agree to the terms of the Engagement Agreement. If you do not agree with these terms, please contact our office before proceeding.

**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 is fine. We ask that you send all information at one time through the **TaxDome** portal if able.

**If sending your tax information: Scan to PDF and upload to TaxDome will work best** for most and is most secure. However, we will accept paper copies of your records. **DO NOT SEND ORIGINALS.** A single PDF document (multiple pages per document) is preferred. It is not advisable to send personal information via e-mail. Drop-offs and documents brought to in-person appointment are fine. Email us for instructions. **DO NOT SEND PHOTOS or JPG files. We may request re-scanning if we cannot read the files efficiently.**

**Please forward your tax information by March 15 for priority processing.** Documents received later may require an extension. Those who owe additional taxes on April 15<sup>th</sup> face penalties and interest.

**We expect tax preparation fees to be paid in full before e-filing.**

If you have any questions, please call us or email us.

**Blessings!**

**Steven D Clifford,**  
**Enrolled Agent, Certified Financial Planner®**

## ENGAGEMENT LETTER & PRIVACY POLICY NOTICE

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/our knowledge and belief:

- I/WE understand that it is my/our responsibility to provide all the information necessary to complete the returns. I/WE will retain for three years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my/our 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/our 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/our 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/our 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 fees 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 the invoice will be based upon your standard billing rates. A non-refundable deposit may be required.
- 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. Share the Harvest Partners LLC liability is limited to interest and penalties up to the date of discovery. Sometimes the IRS will abate penalties. We can assist but can offer no guarantees of success. Additional fees may be limited if the case is covered by Protection Plus. Conditions and limitations will apply.

## ENGAGEMENT LETTER & PRIVACY POLICY NOTICE

It is the policy of Share the Harvest Partners LLC to keep all information that we collect from you confidential. 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 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.
- Share the Harvest Partners LLC uses your name and address, including releasing it to a printer or third-party mail house, for the purpose of facilitating Share the Harvest Partners (and affiliated businesses) mailings, such as communications and newsletters.

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.

**By submitting the completed organizer, I/WE have read the above engagement letter and privacy policy** and understand my/our responsibilities with regard to income tax preparation. If there are other tax returns that I/WE wish you to prepare, such as tax returns for my/our minor children, or other services, I/WE will forward the documents when available.



# SHARE THE HARVEST PARTNERS LLC

## Harvest Advisors LLC

### Harvest Pension Group, LLC

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## Client Tax Records Organizer

**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. Please send via mail or bring to in-person appointments.

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 best. We do not need originals.**

	<b>First time clients only:</b> Copies of 2 forms of ID, including one photo ID. The IRS requires us to ask for this to help prevent fraud. Copies of 2 IDs for each child for EIC.
	Copy of previous year's tax return (only if not prepared by our firm)
	Forms(s) W-2 received from all employers. Include all copies.
	Forms 1099, & 1095-A/B/C for reporting income from interest, dividends, independent contractors, pensions, IRA's, 403B plans, tax refunds, HSA or MSA medical accounts, cancellation of debt, foreclosure, <b>unemployment benefits</b> , 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. <b>Include any Crypto Currency transactions. Reporting rules are tough.</b>
	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 a 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 received. NOTE: These are usually not taxable. However, they do count towards the calculations of certain tax deductions.
	<b>All letters from the IRS, State or Cities and other taxing agencies</b>
	401k Statements for an optional annual investment review.

## Personal Information

### Taxpayer Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle initial/Suffix \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Legally blind: \_\_\_ Permanently disabled: \_\_\_  
 Occupation: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

#### Required Identity Verification: (Send copy or fill in)

Driver's License/ID issuing State: \_\_\_\_\_  
 License/ID number: \_\_\_\_\_  
 License/ID Issue Date: \_\_\_\_\_  
 License/ID Expiration Date: \_\_\_\_\_  
 (For NY residents, need first 3 characters from back of  
 your license) \_\_\_\_\_

### Spouse Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle initial/Suffix \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Legally blind: \_\_\_ Permanently disabled: \_\_\_  
 Occupation: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_

#### Required Identity Verification: (Send copy or fill in)

Driver's License/ID issuing State: \_\_\_\_\_  
 License/ID number: \_\_\_\_\_  
 License/ID Issue Date: \_\_\_\_\_  
 License/ID Expiration Date: \_\_\_\_\_  
 (For NY residents, need first 3 characters from back of  
 your license) \_\_\_\_\_

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

#### 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

**Children & Dependents Worksheet**

**Dependents (Confirmed each year):**

*(2 forms of ID are needed – Copies of Birth Certificate, Social Security card, School Record, or Medical Record)*

**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.**

**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.**

<b>♥ Personal Information (cont.)</b>
---------------------------------------

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. **We need to verify banking information every year.** 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. Please provide your banking info even if we already have it on file.

Type of Account: Checking  Savings 

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Name of Bank \_\_\_\_\_

Moved during year? \_\_\_NO \_\_\_YES

	Old Home	New address, city & State
Location		
Date Moved Out/In		

### **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> 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: 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.

**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      \_\_\_ Joint

**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?  
     \_\_\_ YES: Attach a copy of the Form 1099-NEC that you filed  
     \_\_\_ NO
- 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 1/1/22-6/30/22 \_\_\_\_\_

**Total business-related miles** driven 7/1/22-12/31/22 \_\_\_\_\_

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 \_\_\_\_\_

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

Worksheet for:      \_\_\_ Primary Taxpayer                      \_\_\_ 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 <https://sharetheharvest.com/tax-tools/clergy-sample-w-2-form-worksheet/> for help preparing clergy W-2s.

**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):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**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 & organize by 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/Solar	\$ _____	
Gas/Oil/propane	_____	\$ _____
Phone (personal local land-line only)	\$ _____	
Cable/Internet/Satellite/Dish/Netflix/Hulu	\$ _____	
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 not 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	\$ _____	
Other house related expenses:	\$ _____	
<b>Total</b>		<b>(3) \$ _____</b>

**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, cellular phones, long-distance phone, or home equity loans not used for housing-related expenses.

**Energy Related:** List all energy-saving improvements. Extra tax savings are available for Solar Panels, heating and cooling systems, windows, insulation, hot water tanks, among other items. Note if financed.

## *Rental Property Worksheet*

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

Address of property: \_\_\_\_\_ City \_\_\_\_\_

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?

\_\_\_ Yes; Please attach a copy of the 1099-NEC \_\_\_ No

**Rental-related mileage:**

**NOTE:** Keep a written mileage log with the date, miles, and business purpose for each trip.

The IRS disallows deductions if there is no log. Attach a statement for each vehicle used.

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 1/1-6/30** \_\_\_\_\_

**Total Rental-related miles driven for this property 7/1-12/31** \_\_\_\_\_

**Energy Related:** List all energy-saving improvements. Extra tax savings are available for Solar Panels, heating and cooling systems, windows, insulation, hot water tanks, among other items. Note if financed.

**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 1/1-6/30			
Miles driven for medical purposes 7/1-12/31			
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)			

<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.**