

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 ▼

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

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

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)

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

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 _____