

2008 TAX CHECKLIST

For the 2008 tax year

REFUNDMASTERS TAX & FINANCIAL SERVICES

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TAX YEAR _____ *

APPOINTMENT DATE: _____ / _____ / 2009

APPOINTMENT TIME: _____ AM PM

I AM FILING FASFA FORM THIS YEAR

- MAIN OFFICE
- BY MAIL/FAX (FAX TO 800 352-6803 TOLL-FREE)
- OTHER INTERVIEW LOCATION _____

* Please use correct year checklist

You will see changes in this year's checklist, added to keep up with new IRS rules, and to help us give you the best possible return. You may need to use additional forms: See what's available at <http://clergytax.com/clients.htm>

Your complete preparation of this checklist in advance saves you money. We can process your tax forms more quickly and conduct a more complete interview with you, finding the "not so obvious" deductions you may be entitled to. Use this checklist to guide you in sorting your records from the past year. Add up the **totals** of your expenses, and you won't need to provide canceled checks or receipts. Save effort by rounding to nearest dollar (\$2.50=\$3 \$2.49=\$2). **Please use Information Return Organizer.**

Forms online in PDF format at: "<http://clergytax.com/clients.htm>" Please check box if attached:

- Information Return Organizer
- Auto Expense Form
- Energy Credits Form
- Income Earned Abroad
- Moving Expense Form
- Non-Cash Contributions Form
- Rental Income Form
- Sale/Exchange of Property
- Mortgage Interest Form

PLEASE PROVIDE:

- A copy of your previous year's Federal and State tax returns (if not prepared by us).
- ALL W-2 and 1099, 1099R, SSA-1099 forms and social security statements (always use *Information Return Organizer*).
- Escrow settlement (closing) statements of real estate bought or sold during the year.
- Labels and envelopes from Federal and State tax form booklets that were mailed to you.
- Did you move during 2008? *Please complete Moving Expense Form.*
- Did you have rental income in 2008? *Use Rental Income Form.*

Amount of Economic Stimulus check/credit received. \$_____ Provide copy of IRS letter.

GENERAL INFORMATION

If we already have this, just fill in your name and add new information.

	Title	Name (Last, First, MI)	Occupation	Birthdate	Social Security #	Full-Time Student?
Self						
Spouse						
Dependents						
If child no longer a dependent, please note						

PLEASE UPDATE Student status (a full-time student attended for a portion of each of 5 calendar months)

Current Street Address _____

City _____ State _____ ZIP _____

County _____ School District _____

E-mail _____ @ _____

Telephone

Home [] _____
 Work/Self [] _____
 Work/Spouse [] _____
 Cell [] _____
 FAX [] _____
 May we send confidential FAXES? Y N

QUESTIONNAIRE *These items could lead to more deductions. PLEASE CHECK ALL THAT APPLY.*

YES NO

1. Did you pay post-high tuition and fees for a family member? Student's Name _____
Year of Study (1=Freshman) _____ School or college _____ Amount \$ _____
Provide 1098-T.
2. Do you have a Form 4361 Exemption From Social Security Tax? Please make sure CTFS has an IRS-approved copy.
3. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
4. Is anyone in your household 65 years or older? **Blind?** (Vision in best eye 20/200 or worse? _____)
5. Is anyone other than your spouse and children living with you? If so supply their name, social security number, the amount of support given them, their relationship to you, the amount of their income and its source.
6. Do you pay for support of people who **do not** live with you? If so, supply names, SS#, amount of support, relationship to you, their total income and its source (work, pension, etc.)
7. Are you or your spouse permanently disabled?
8. **Do you prefer that we file your return electronically (efile) if possible?**
9. Do you have capital losses from previous years to carry forward?
10. Does anyone owe you money you can't collect? Supply their name, address, SS#, loan amount, date, and steps you have taken to collect.
11. Did any stock you own become worthless during the year? If so supply name of the stock, purchase date and price.
12. Did you change denominations in the past two years (ministers only)?
13. Do you wish to follow the "Deason Decision"?
14. Did you or your spouse Pay or Receive any spousal support? If so, list name, SS# and amount received or paid: Name _____ SS# _____ -- _____ -- _____ \$ _____
15. Do you or your spouse , use a room in your home as a **primary** office? If so, please supply the total square feet of your home (subtract hallways, stairs, entryway) _____, and the square feet used for business _____. Fill in Housing Expense Section, next page.
16. Did you replace exterior doors, windows, skylights, water heater, furnace, or install solar? If so, see Energy Credits Form.

Retirement Plans		Plan Total		Additions This Year	
		Self	Spouse	Self	Spouse
<input type="checkbox"/> <input type="checkbox"/> Do you have a "dormant" retirement plan? If so, please supply details.	TSA/403(b)	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Did you or your employer contribute to a plan?	IRA or SEP IRA	\$ _____	\$ _____	\$ _____	\$ _____
Y/N	Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
Y/N	401K	\$ _____	\$ _____	\$ _____	\$ _____
Please provide copies of year-end statements	Employer Plan	\$ _____	\$ _____	\$ _____	\$ _____
	Other _____	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Tax Payments	Federal	State	Date Paid
Last year's overpayment credited to this year's tax:	\$ _____	\$ _____	____/____/____
Amount paid with extension (with Form 4868)	\$ _____	\$ _____	____/____/____
Voucher 1 Estimated tax payments (Due April 15):	\$ _____	\$ _____	____/____/____
Voucher 2 Estimated tax payments (Due June 15):	\$ _____	\$ _____	____/____/____
Voucher 3 Estimated tax Payments (Due Sept. 15):	\$ _____	\$ _____	____/____/____
Voucher 4 Estimated tax payments (Due Jan. 15):	\$ _____	\$ _____	____/____/____

INCOME DO NOT INCLUDE "ACCOUNTABLE REIMBURSEMENT PLAN" REIMBURSEMENTS

SOURCE	Self	Spouse	INTEREST INCOME (Provide all 1099-INTs)	
Income from 1099's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Income from W-2's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Other Minister's Income	\$ _____	\$ _____	From _____	\$ _____
Housing Allowance	\$ _____	\$ _____	From _____	\$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____	\$ _____
Honoraria	\$ _____	\$ _____	From _____	\$ _____
State Tax Refund for 200_____	\$ _____	\$ _____	From _____	\$ _____
Social Security [provide SSA-1099s]	\$ _____	\$ _____		
Pensions/Annuities/IRA's	\$ _____	\$ _____	STOCK DIVIDENDS (Provide all 1099-DIVs)	\$ _____
Unemployment	\$ _____	\$ _____	From _____	\$ _____
Disability Income	\$ _____	\$ _____	From _____	\$ _____
Jury Duty	\$ _____	\$ _____	From _____	\$ _____
Prizes & Awards	\$ _____	\$ _____	From _____	\$ _____
Auction Income	\$ _____	\$ _____	From _____	\$ _____

SALE/EXCHANGE OF STOCK & PROPERTY

MUTUAL FUND SALES: If you were not given an Average Cost Statement, bring all annual reports since purchase.

Type of Property	Date Purchased	Date Sold	Gross Sales Price	Cost or Basis	Selling Expense	Gain/Loss (Optional)

Bring escrow "Settlement Statement" if you bought or sold a home. For more items, use our Sale/Exchange Form

HOUSING EXPENSE [This section for ministers only, and/or office in home]

Date you purchased home ___/___/___	Maintenance & Repairs \$ _____	Utilities (Except Phone) \$ _____
Rent/Mortgage Payments \$ _____	Decorations \$ _____	Cleaning Supplies \$ _____
Property Taxes* \$ _____	Furnishings \$ _____	Miscellaneous \$ _____
Insurance* \$ _____	Gardening, Pool Service \$ _____	Telephone Base Rate \$ _____
<i>*If not included in rent/mortgage payment.</i>		TOTAL \$ _____

AUTO EXPENSE

Keep each car's records separate. If you were reimbursed at less than 50.5 cents/mile to June 30 and/or 58.5 cents/mile July 1 through Dec. 31, use Auto Expense Form at <http://clergytax.com/clients.htm>

	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Year, Make and Model of Vehicle	_____	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase or Lease	___/___/___	___/___/___	___/___/___	___/___/___
Mileage: Total driven this year	_____	_____	_____	_____
Mileage: Professional 1/1/08 - 6/30/08	_____	_____	_____	_____
Mileage: Professional 7/1/08-12/31/08	_____	_____	_____	_____
Parking, Tolls	\$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____
Auto License Renewal Fee (All)	\$ _____	\$ _____	\$ _____	\$ _____
Car Loan Interest Paid this Year	\$ _____	\$ _____	\$ _____	\$ _____
Car Lease/Rental	\$ _____	\$ _____	\$ _____	\$ _____

What is the round-trip commute distance between home and office? Self _____ Spouse _____

Was vehicle available for personal use after hours? **Yes** **No** Was another vehicle available for personal use? **Yes** **No**

Personal miles driven on employer-owned vehicle? Self _____ Spouse _____

PROFESSIONAL/EMPLOYMENT EXPENSES

Do not include expenses reimbursed by an accountable reimbursement plan

Up to \$25 per recipient for:
 -Gifts associated with profession:
 -Money to transients/indigents:

	SELF	SPOUSE
Hired Services	\$ _____	\$ _____
Prof/Business Interest Paid	\$ _____	\$ _____
Professional Dues/Required Tithes	\$ _____	\$ _____
IncomeTax Preparation	\$ _____	\$ _____
Other office & computer expenses	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Postage/Stationery/Cards Etc.	\$ _____	\$ _____
Books/Periodicals/Papers	\$ _____	\$ _____
Film/Tapes/Videos/DVDs	\$ _____	\$ _____
Travel: Transportation	\$ _____	\$ _____
Lodging, Misc.	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Professional Entertainment*	\$ _____	\$ _____

	SELF	SPOUSE
Internet/DSL Services	\$ _____	\$ _____
Cell Phone/Pager (Prof. Use Only)	\$ _____	\$ _____
Long Distance/Message Units	\$ _____	\$ _____
Formal Education Expenses	\$ _____	\$ _____
Name of School	_____	_____
Purchase/Cleaning/ Prof. Garments	\$ _____	\$ _____
Seminars/Conferences/Prof.Growth	\$ _____	\$ _____
Meeting Expenses	\$ _____	\$ _____
Other (List) _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Entertaining at home, office, or restaurants and associated with the active conduct of your profession.*

EQUIPMENT PLACED IN SERVICE THIS YEAR: (ENTER HERE ONLY)

Date Mo/Day	Description	%Business Use	Spouse or Self?	Purchase Price
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____

NEW CLIENTS ONLY (For depreciation):

Current Value Prof. Library	\$ _____	\$ _____
Current Value all equipment, office & professional [Provide List]	\$ _____	\$ _____

DEDUCTIONS CHECKLIST

MEDICAL EXPENSES

- A.** Medical/Disability Premiums \$ _____
 Long-Term Care Premiums:
 For you \$ _____ For Spouse \$ _____
- B.** Medical services **not** reimbursed by insurance:
***These specifics NOT required, just the total.**
- Prescriptions * \$ _____
 - Doctors & Dentists * \$ _____
 - Hospitals & Clinics * \$ _____
 - Glasses/Contacts * \$ _____
 - Hearing Aids/Batteries * \$ _____
 - Lab. Fees/X-Rays * \$ _____
 - Orthopedic Equipment * \$ _____
 - Physical Therapy * \$ _____
 - Other * \$ _____
- TOTAL of B. only** \$ _____
- C.** Medical Travel _____ miles; Parking, tolls \$ _____
 Insurance Reimbursement for medical travel: \$ _____

TAXES

- Property Taxes \$ _____
 - Auto License Fees \$ _____
 - Tax Paid to Other States \$ _____
 - Sales Tax on High-Cost Items* \$ _____
- * (Vehicles, boats, planes, homes, home building materials)

INTEREST (Provide 1098-INTs). If you have ever refinanced, use

Mortgage Interest Form. Download at <http://clergytax.com/clients.htm>

- 1ST Home Mortgage \$ _____
- 2nd Home Mortgage \$ _____
- Home Improvement/Equity Loans \$ _____

Mortgage Paid to Individuals: \$ _____
 Paid to (Name) _____
 Address _____
 Social Security Number _____

CONSUMER DEBT

Credit Cards	Balance	Interest Paid	Student Loans	Balance	Interest Paid
Lender _____	\$ _____	\$ _____	_____	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Car Loan	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Car Loan	\$ _____	\$ _____
Lender _____	\$ _____	\$ _____	Other _____	\$ _____	\$ _____

USE TAX: If your state, (including CA, KY, LA, MA, ME, MI, NY, OH, OK, RI, SC, UT, VT, VA) charges use tax on out-of-state purchases, what is total amount of purchases on which you owe use tax? \$ _____

NOTES AND ADDITIONAL INFORMATION:

We cannot deliver your return to you without your signature(s) below:

TAXPAYER STATEMENT: ALL INFORMATION CONTAINED IN THIS TAX CHECKLIST IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. EACH ITEM CAN BE SUBSTANTIATED BY RECEIPTS, CHECKS AND/OR OTHER DOCUMENTATION.
SIGNATURE(S) REQUIRED

CLIENT SIGNATURE _____ SPOUSE SIGNATURE _____ DATE _____

I want information on:

- Tax Sheltered Annuities, Disability Insurance, Health Insurance, Long-Term Care Insurance,
- Retirement Planning or Life Insurance (including tax-deductible policies).

CONTRIBUTIONS

- Cash donations with NO receipt/check \$ _____
 - Small donations WITH receipt/check \$ _____
- Churches & Charitable Organizations:**
- Name _____ \$ _____
 - Name _____ \$ _____
 - Name _____ \$ _____
 - Name _____ \$ _____
 - Name _____ \$ _____

Charitable/Volunteer Travel (in miles) _____

Contributions Of Goods (w/receipt) \$ _____
 If non-cash donations exceed \$500 please supply name of charity, address, type of property and amount of donations. Use **Non-Cash Contribution Form**. Download at <http://clergytax.com/clients.htm>

_____ \$ _____

Child or Dependent Care Not Paid through FSA
 If more than one person, supply list.
Child or Dependent's Name _____
Amount paid for care \$ _____
 Provider Name _____
 Address _____
 Tax ID# or SS# **Required** _____

- Union Dues \$ _____
- Investment Expenses \$ _____
- Job Seeking Expenses \$ _____
- Uniforms/Purchase/Cleaning \$ _____
- Other (List) \$ _____

CASUALTY LOSSES (Unreimbursed portion only)

- Fire/Theft/Storm \$ _____
- Auto Accident \$ _____
- Property Damage \$ _____