

Financial Issues Facing Churches and Ministers

January 2021

Deborah Taylor, CPA

Disclaimer

This content is designed to provide accurate and authoritative information in regard to the subject matter covered. It is published and presented with the understanding that the publisher and presenters are not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the services of a competent professional person should be sought.

Overview



What's New and Recent Developments



Year-End Checklist



Year-End Filing Requirements and Due Dates



Payroll and Payroll Tax Issues - Employees



Tax Issues - Non-Employees



Tax Reporting and Forms



Ministry-Related Expenses



Contributions

- ❑ **IRS standard mileage rates for 2021**
 - ❑ Business - 56 cents
 - ❑ Medical - 16 cents
 - ❑ Charitable - 14 cents (statutory rate)

- ❑ **New IRS Tax Form to file in 2021 for 2020**
 - ❑ 1099-NEC - for nonemployee compensation

- ❑ **New IRS Form 7200**
 - ❑ Advance Payment of Employer Credits due to COVID-19

- ❑ **Revised IRS Tax Form 941 - effective July 2020**
 - ❑ Form 941 Employer's Quarterly Federal Tax Return
 - ❑ revised for changes related to COVID-19

What's New for 2021?

2020 Developments Impacting the Church

- ❑ **FFCRA - Families First Coronavirus Response Act**
 - ❑ Emergency Paid Sick Leave
 - ❑ Expanded Family Medical Leave

- ❑ **CARES Act - Coronavirus Aid, Relief, and Economic Security Act**
 - ❑ Pandemic relief payment
 - ❑ Paycheck Protection Program (PPP)
 - ❑ Emergency Injury Disaster Loans and Grants (EIDL)
 - ❑ Expanded unemployment benefits
 - ❑ Employee retention credit
 - ❑ Deferral of employer share of Social Security
 - ❑ Above-the-line charitable contribution of \$300
 - ❑ Charitable contribution limit increased to 100% of AGI

2020 Developments Impacting the Church

- ❑ **CCA - Consolidated Appropriations Act - Dec. 27, 2020**
 - ❑ 2nd Pandemic relief payment
 - ❑ Extends PPP availability through 3/31/2021
 - ❑ Creates a 2nd Draw Loan for certain organizations
 - ❑ Expands expenses allowable under PPP
 - ❑ Extends employer retention credit to PPP borrowers
 - ❑ Through 2nd quarter 2021
 - ❑ Extends refundable payroll tax credits for paid sick leave and family leave enacted under FFCRA through 3/31/2021
 - ❑ Requirement to provide sick leave not extended; tax credit available to employers who voluntarily provide FFCRA-qualifying leave
 - ❑ Extends repayment of deferred employee payroll taxes through 12/31/21
 - ❑ Above-the-line charitable deduction of \$300 extended through 2021
 - ❑ Married, filing jointly increased to \$600 above-the-line deduction

Year-End Checklist

- ❑ Designate Housing Allowance
- ❑ Review W-4 forms
- ❑ Inform donors not to file return until acknowledgement received from church
- ❑ Determine what year to record contributions - 2020 or 2021
- ❑ Determine correct reporting of cash and noncash gifts to staff and volunteers
- ❑ Make sure ministers are classified properly for IRS and Social Security purposes
- ❑ Ministers - voluntary withholding
- ❑ Review payments to independent contractors
- ❑ Report all taxable fringe benefits to employees on W-2
- ❑ Obtain all new IRS forms and publications

- ❑ **Form 941** - Due 2/1/2021
 - ❑ Monthly depositors must make December deposit by 1/15/2020
 - ❑ If less than \$2,500 payment can be made with filing of Form 941
- ❑ **Form 944** - Due by 2/1/2021
 - ❑ Total deposit must be less than \$1,000 to file annual Form 944
 - ❑ **Key Point! Only file 944 with IRS official notification**
- ❑ **Form W-2** - Due to both employee and SSA by 2/1/2021
- ❑ **Form W-3** - Due to SSA by 2/1/2021
- ❑ **Form 1099-NEC** - Due to both independent contractor and IRS by 2/1/2021
- ❑ **Form 1099-MISC** - Due to recipient by 2/1/2021; due to IRS by 3/1/21 (if filing by paper, 3/31/21 if filing electronically)
- ❑ **Form 1096** - Separate Form 1096 due with 1099-NEC & 1099-MISC

Year-End Filing Requirements & Due Dates

Payroll & Payroll Tax Issues

- ❑ Who is a Minister for tax purposes?
 - ❑ These 5 questions will help determine if a person is a minister for federal tax purposes
 - ❑ Is the person ordained, licensed or commissioned?
 - ❑ Does the person administer ordinances (baptism, Lord's Supper)?
 - ❑ Does the person conduct religious worship?
 - ❑ Does the person have management responsibilities in the church?
 - ❑ Is the person considered to be a religious leader by the church?

Payroll & Payroll Tax Issues

- **Ministers**
 1. Employees for federal income tax purposes
 - Will get a W-2
 2. Self-employed for Social Security purposes
 - Ministers pay SECA tax
 3. Employer has NO withholding requirement for ministers
 - However, ministers can request church to withhold income taxes only. Cannot withhold Social Security taxes.
- **Common Question** - *Can a minister be treated like a non-minister and employer withhold/match Social Security tax?*
 - **No** - IRC defines and governs who can pay into FICA and into SECA (*IRC Sections 3121 and 1402*)
 - Ministers can only pay into SECA
- 4. Ministers can designate all or part of salary to housing
 - Not subject to Federal income tax

Payroll & Payroll Tax Issues

- **Ministers - Housing Allowance**
 - Housing Allowance - IRC Section 107
 - Must be in writing
 - Must be approved by church prospectively
 - Housing is equal to lesser of 3 amounts
 - Housing approved by church
 - Church must approve a reasonable amount
 - Actual housing expenses
 - Fair rental value of home, furnished with utilities
 - Housing is not required to be reported on Form W-2
 - Can be reported in Box 14 of Form W-2
 - Housing allowance is NOT reported on the Form 941

Payroll & Payroll Tax Issues

- ❑ **Ministers - Housing Allowance - Continued**
 - ❑ What if Housing is Set Too High?
 - ❑ Report on 1040 as “Unused Housing Allowance”.
 - ❑ Housing IS Subject to Self Employment Social Security.
 - ❑ In Retirement . . . Income from a minister’s denominational pension plan may also be designated as Housing, subject to the same limits

- ❑ *If minister lives in the church parsonage*
 - ❑ Out of pocket cash expenses incurred by minister for living in the parsonage can be designated as a “cash” housing allowance
- ❑ *If minister owns a home*
 - ❑ Church designates a portion of salary to housing allowance to the extent it is used for housing expenses and does not exceed home’s annual fair rental value, furnished, plus utilities
- ❑ *If minister rents a home*
 - ❑ A portion of salary can be designated as a rental allowance to the extent it is used for rental expenses and does not exceed fair rental value, furnished, plus utilities
- ❑ *Who approves the housing allowance and when?*
 - ❑ Church action or approval of governing body given authority to approve housing, i.e., personnel, finance, deacons, etc.
 - ❑ Approval must be in writing and designated in advance

Designating a Housing Allowance

Sample: Notification of Housing Allowance From the Church to the Minister

To (minister's name): _____

This is to advise you that at the business meeting of _____
held on ____/____/____ (date) your housing allowance for the year _____ was officially designated and
fixed in the amount of \$ _____. Accordingly, \$ _____ of the total payments to you during the year _____
(and all future years until changed by official church action) will constitute your housing allowance.

If a parsonage is provided, add: *You will also have rent-free use of the home located at:*

for the year _____. Utilities will be paid by: the church the minister.

This action is recorded in the church minutes.

You should keep an accurate record of your eligible housing expenses to provide proof of any amounts excluded from income for income tax purposes when filing your federal income tax return. You may not exclude a housing allowance as income for SECA tax purposes. It is your responsibility as a taxpayer to understand and follow the limits about how much you can exclude from income as a housing allowance for income tax purposes and accurately report your income. For information on limits and reporting of housing allowance, see www.GuideStone.org/HousingAllowance.

Sincerely,

Clerk's signature: _____ Date ____/____/____

Sample - Notification of Housing Allowance Form

□ Non-Ministers

1. Employees for federal tax and Social Security
 - Will get a W-2
2. Employers **MUST** withhold federal income tax
3. Employers **MUST** withhold Social Security and Medicare taxes (FICA)
4. Employers **MUST** match Social Security and Medicare taxes

Payroll & Payroll Tax Issues

- Taxable Income
 - Internal Revenue Code (IRC) 61 defines gross income as ALL income except unless specifically exempted
 - Salary
 - Love Offerings
 - Christmas Gifts
 - Gift Cards
 - IRC Section 102 states if gift given to or “for the benefit of” employee, is taxable
 - Retirement gifts
 - Social Security offset for ministers
 - Non-accountable expense reimbursements
 - Group term life insurance provided by church over \$50,000
 - Reportable in Box 12 of Form W-2 with Code C using table in IRS Publication 15-B
 - Benevolence paid to employees or family members of employee
 - Severance Pay
 - Payments or reimbursement of moving expenses by employer

Payroll & Payroll Tax Issues

❑ Non-taxable fringe benefits

- ❑ Qualified accident and health benefits (*IRC Sec. 105*)
 - ❑ Employer group plan compliant with ACA
 - ❑ The ACA does not allow employers with more than one (1) employee to reimburse for individual health insurance on a non-taxable basis
 - ❑ GuideStone health plan
 - ❑ Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)
 - ❑ Individual Coverage Health Reimbursement Arrangements (ICHRA) - New in 2020
- ❑ Group term life insurance \$50,000 or less
- ❑ Employer contributions to employer qualified 403(b) retirement plan
- ❑ Working condition benefits
- ❑ Employer education assistance
- ❑ De minimis (minimal) benefits
- ❑ Employer-provided cell phones
 - ❑ If provided primarily for non-compensatory business purposes

Payroll & Payroll Tax Issues

Tax Issues - Non-Employees

- ❑ Employee or Independent Contractor?
 - ❑ There are several tests used by government agencies and courts to differentiate between independent contractors and employees. These are **general guidelines**:
- ❑ You should classify workers as employees if they:
 - Are paid by the week or month
 - Get training and day-to-day supervision
 - Work full-time on a regular basis
 - Perform most of their job tasks on the premises
 - Can be fired at anytime (rather than falling under contractual terms)
 - Provide services that are an essential part of your normal operations

Tax Issues - Non-Employees

- ❑ Workers are most likely contractors if they:
 - Use their own equipment and tools to perform the job
 - Work on a temporary basis and are paid “per project”
 - Service other clients, often at the same time
 - Work under an individual business license
 - Work at an off-site location (occasional meetings at church location are OK)
 - Have the flexibility to set their own hours and schedules

- ❑ IRS Form SS-8 - Determination of Worker Status for Purposes of Federal Employment Taxes and Income Tax Withholding

IRS 20-point Checklist for Independent Contractors

Mistakenly classifying an employee as an independent contractor can result in significant fines and penalties. There are 20 factors used by the IRS to determine whether you have enough control over a worker to be an employer. Though these rules are intended only as a guide—the IRS says the importance of each factor depends on the individual circumstances—they should be helpful in determining whether you wield enough control to show an employer-employee relationship. If you answer “Yes” to all of the first four questions, you’re probably dealing with an independent contractor; “Yes” to any of questions 5 through 20 means your worker is probably an employee.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Profit or loss. Can the worker make a profit or suffer a loss as a result of the work, aside from the money earned from the project? (This should involve real economic risk—not just the risk of not getting paid.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Investment. Does the worker have an investment in the equipment and facilities used to do the work? (The greater the investment, the more likely independent contractor status.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Works for more than one firm. Does the person work for more than one company at a time? (This tends to indicate independent contractor status, but isn’t conclusive since employees can also work for more than one employer.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Services offered to the general public. Does the worker offer services to the general public? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Instructions. Do you have the right to give the worker instructions about when, where, and how to work? (This shows control over the worker.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Training. Do you train the worker to do the job in a particular way? (Independent contractors are already trained.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Integration. Are the worker’s services so important to your business that they have become a necessary part of the business? (This may show that the worker is subject to your control.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Services rendered personally. Must the worker provide the services personally, as opposed to delegating tasks to someone else? (This indicates that you are interested in the methods employed, and not just the results.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Hiring assistants. Do you hire, supervise, and pay the worker’s assistants? (Independent contractors hire and pay their own staff.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Continuing relationship. Is there an ongoing relationship between the worker and yourself? (A relationship can be considered ongoing if services are performed frequently, but irregularly.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Work hours. Do you set the worker’s hours? (Independent contractors are masters of their own time.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Full-time work. Must the worker spend all of his or her time on your job? (Independent contractors choose when and where they will work.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Work done on premises. Must the individual work on your premises, or do you control the route or location where the work must be performed? (Answering no doesn’t by itself mean independent contractor status.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Sequence. Do you have the right to determine the order in which services are performed? (This shows control over the worker.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Reports. Must the worker give you reports accounting for his or her actions? (This may show lack of independence.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Pay Schedules. Do you pay the worker by hour, week, or month? (Independent contractors are generally paid by the job or commission, although by industry practice, some are paid by the hour.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Expenses. Do you pay the worker’s business or travel costs? (This tends to show control.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Tools and materials. Do you provide the worker with equipment, tools, or materials? (Independent contractors generally supply the materials for the job and use their own tools and equipment.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Right to fire. Can you fire the worker? (An independent contractor can’t be fired without subjecting you to the risk of breach of contract lawsuit.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Worker’s right to quit. Can the worker quit at any time, without incurring liability? (An independent contractor has a legal obligation to complete the contract.) |

Tax Reporting and Forms

- ❑ **Key Point** - *The tax code imposes penalties on employers, including churches, that fail to issue information returns (i.e., W-2, 1099) to employees and contractors, and these penalties are significantly increased if the failure is willful.*
 - ❑ \$50 per form if filed within 30 days of due date.
 - ❑ \$100 per form if filed between 30 days and August 1
 - ❑ \$260 per form if filed after August 1

- ❑ **Employees**
 - ❑ W-4
 - ❑ Employee Withholding
 - ❑ Form 941 - Quarterly
 - ❑ Report payroll tax liability and deposits
 - ❑ W-2/W-3
 - ❑ Annual reporting of wages
 - ❑ I-9
 - ❑ Employment Eligibility Verification - www.uscis.gov
 - ❑ New Hire Reporting
 - ❑ <https://newhire-reporting.com/TN-Newhire/>

Form **W-4** **Employee's Withholding Certificate** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service
 ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 ▶ Give Form W-4 to your employer.
 ▶ Your withholding is subject to review by the IRS.
2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------



Department of the Treasury
Internal Revenue Service

Publication 15-T

Cat. No. 32112B

Federal Income Tax Withholding Methods

For use in **2021**

Contents

Introduction	1
1. Percentage Method Tables for Automated Payroll Systems	5
2. Wage Bracket Method Tables for Manual Payroll Systems With Forms W-4 From 2020 or Later	7
3. Wage Bracket Method Tables for Manual Payroll Systems With Forms W-4 From 2019 or Earlier	22
4. Percentage Method Tables for Manual Payroll Systems With Forms W-4 From 2020 or Later	51
5. Percentage Method Tables for Manual Payroll Systems With Forms W-4 From 2019 or Earlier	57
6. Alternative Methods for Figuring Withholding	61
7. Tables for Withholding on Distributions of Indian Gaming Profits to Tribal Members ...	62
How To Get Tax Help	64

Publication 15-T

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

950120

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Employer identification number (EIN)

Name (of your business)

Trade name (if any)

Address

City State ZIP code

Foreign country name Foreign postal code

Report for this Quarter of 2020
(Check one)

- 1. January, February, March
 - 2. April, May, June
 - 3. July, August, September
 - 4. October, November, December
- Go to www.irs.gov/form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation 2

3 Federal income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax. Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	<input type="text"/>	<input type="text"/>
5a (i) Qualified sick leave wages	<input type="text"/>	<input type="text"/>
5a (ii) Qualified family leave wages	<input type="text"/>	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text"/>	<input type="text"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/>	<input type="text"/>	<input type="text"/>
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	<input type="text"/>	<input type="text"/>
5f Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)	<input type="text"/>	<input type="text"/>
6 Total base before adjustments. Add lines 2, 5e, and 5f	<input type="text"/>	<input type="text"/>
7 Current quarter's adjustment for fractions of cents	<input type="text"/>	<input type="text"/>
8 Current quarter's adjustment for sick pay	<input type="text"/>	<input type="text"/>
9 Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	<input type="text"/>
10 Total base after adjustments. Combine lines 6 through 9	<input type="text"/>	<input type="text"/>
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8871	<input type="text"/>	<input type="text"/>
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	<input type="text"/>	<input type="text"/>
11c Nonrefundable portion of employee retention credit from Worksheet 1	<input type="text"/>	<input type="text"/>

You MUST complete all three pages of Form 941 and SSN 4.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Dot. No. 151012

Form 941 (Rev. 7-2020)

Form 941

950220

Name (of your business)

Employer identification number (EIN)

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d

12 Total base after adjustments and nonrefundable credits. Subtract line 11d from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (10), 944-X, or 944-X (20) filed in the current quarter

13b Delivered amount of social security tax 13b

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c

13d Refundable portion of employee retention credit from Worksheet 1 13d

13e Total deposits, delerrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e

13f Total advances received from filing Form(s) 7200 for the quarter 13f

13g Total deposits, delerrals, and refundable credits less advances. Subtract line 13f from line 13e 13g

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, enter the difference: Check one: Apply to self-employment Treat as refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule G (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule G (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SSN 4.

Next

Page 2

Form 941 (Rev. 7-2020)



Name (not your trade name) _____ Employer identification number (EIN) **952920**

Part II: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages 19
- 20 Qualified health plan expenses allocable to qualified family leave wages 20
- 21 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses allocable to wages reported on line 21 22
- 23 Credit from Form 994-C, line 11, for this quarter 23
- 24 Delivered amount of the employee share of social security tax included on line 12b 24
- 25 Reserved for future use 25

Part III: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number
Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part IV: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than bookkeeper) is based on all information of which preparer has any knowledge.

X Sign your name here Print your name here
Date / / Print your title here
Best daytime phone

Paid Preparer Use Only Check if you're self-employed

Preparer's name PTIN
Preparer's signature Date / /
Firm's name (or yours if self-employed) EIN
Address Phone
City State ZIP code

Form 941



22222		VOID <input type="checkbox"/>	a Employee's social security number			For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12		
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
			14 Other		12c			
					12d			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

Tax Reporting and Forms

□ Reportable in Box 12 of Form W-2

- ▶ Code C
 - ▶ Taxable value of Group Term Life Insurance greater than \$50,000
- ▶ Code E
 - ▶ Employee contributions to employer qualified 403(b) retirement plan per salary reduction agreement
- ▶ Code T
 - ▶ Qualified adoption benefits paid or reimbursed to employee under adoption assistance program
- ▶ Code W
 - ▶ Contributions to health savings account, both employer and employee contributions under a Section 125 cafeteria plan
- ▶ Code DD
 - ▶ Cost of employer-sponsored health care - only required for employers filing 250 or more W-2's
- ▶ Code FF
 - ▶ Report total amount of permitted benefits under a QSEHRA

DO NOT STAPLE

33333		a Control number	For Official Use Only ▶ OMB No. 1545-0008					
b Kind of Payer (Check one)	<input type="checkbox"/> 941	Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input type="checkbox"/> None apply	<input type="checkbox"/> 501c non-govt.	Third-party sick pay (Check if applicable)
	<input type="checkbox"/> CT-1	<input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> Medicare govt. emp.	<input type="checkbox"/>		<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State	Employer's state ID number				14 Income tax withheld by payer of third-party sick pay			
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** 2020

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).

Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Tax Reporting and Forms

❑ Independent Contractors

❑ Form 1099-NEC

- ❑ Required if non-employee compensation of \$600 or more paid in calendar year

❑ W-9

- ❑ Request for Taxpayer ID Number - Highly recommend get this form before check issued to independent contractor
- ❑ Without tax identification number, must withhold 24% backup withholding
 - ❑ File form 945 if withhold tax

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

7171

VOID

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

OMB No. 1545-0116

2020

Nonemployee Compensation

Form 1099-NEC

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2020 General
Instructions for
Certain
Information
Returns.

1 Nonemployee compensation

\$

PAYER'S TIN

RECIPIENT'S TIN

2

RECIPIENT'S name

3

Street address (including apt. no.)

4 Federal income tax withheld

\$

City or town, state or province, country, and ZIP or foreign postal code

FATCA filing requirement

Account number (see instructions)

2nd TIN not.

5 State tax withheld

\$

6 State/Payer's state no.

\$

7 State income

\$

Form 1099-NEC

Cat. No. 72590N

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page

— Do Not Cut or Separate Forms on This Page



Tennessee Baptist
MISSION BOARD

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115		
		\$		2020		
		2 Royalties				
PAYER'S TIN		3 Other income		4 Federal income tax withheld		
		\$		\$		
		5 Fishing boat proceeds		6 Medical and health care payments		
RECIPIENT'S TIN		\$		\$		
RECIPIENT'S name		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest		
Street address (including apt. no.)		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney		
City or town, state or province, country, and ZIP or foreign postal code		11		12 Section 409A deferrals		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not. <input type="checkbox"/>	13 Excess golden parachute payments	14 Nonqualified deferred compensation		
		\$		\$		
		15 State tax withheld		16 State/Payer's state no.		17 State income
		\$				\$
		\$				\$

Miscellaneous Income**Copy A
For
Internal Revenue
Service Center****File with Form 1096.
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2020 General
Instructions for
Certain
Information
Returns.**Form **1099-MISC**

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Do Not Staple 6969

Form **1096**
Department of the Treasury
Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

OMB No. 1545-0108

2020

FILER'S name

Street address (including room or suite number)

City or town, state or province, country, and ZIP or foreign postal code

Name of person to contact Telephone number

Email address Fax number



1 Employer identification number **2** Social security number **3** Total number of forms **4** Federal income tax withheld \$ **5** Total amount reported with this Form 1096 \$

6 Enter an "X" in only one box below to indicate the type of form being filed.

W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-F 03	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92	1099-K 10	1099-LS 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-LTC 93	1099-MISC 95	1099-NEC 71	1099-OID 96	1099-PATR 97	1099-Q 31	1099-QA 1A	1099-R 98	1099-S 75	1099-SA 94	1099-SB 43	3921 25	3922 26	5498 28	5498-ESA 72	5498-QA 2A	5498-SA 27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

- ❑ **REMINDER!**
 - ❑ The Tax Cuts and Jobs Act repealed the taxpayer's deduction for unreimbursed employee business expense
 - ❑ **Bottom-line** - expense allowances not accounted for under an accountable reimbursement plan will be taxable income with no corresponding deduction on individual tax return
 - ❑ Important for churches to set up Accountable Reimbursement Plan that meets IRS requirements:
 - ❑ Business Connection - there is a stated business purpose for the expense related to the ministry of the church
 - ❑ Substantiation - employee provides adequate substantiation to the church for all expenses within a reasonable time
 - ❑ Returns excess funds - employee returns all excess reimbursements within a reasonable time

Ministry- Related Expenses

- ❑ Accountable Reimbursement Plan
 - ❑ Should be funded by employer apart from the salary of employee
 - Budgeted expense funds not used for accountable expenses are retained by the church
 - Increased church understanding of expenses as “expenses”, not “salary”
 - ❑ Allowable expenses need to be consistent with IRS rules
 - ❑ Specific recordkeeping and expense account reporting expectations
 - ❑ Written plan

***Key Point!* Any balance remaining in expense account at year-end cannot be paid out to employee. If paid to employee, all expense reimbursements made during year are treated as “non-accountable” and taxable to employee.**

Ministry- Related Expenses

- ❑ ***IRC Section 162*** authorizes taxpayers to deduct any ordinary and necessary expenses incurred in a trade or business. The exercise of ministry qualifies as a trade or business.
- ❑ Examples of business expenses include, but are not limited to -
 - ❑ Transportation
 - ❑ Travel
 - ❑ Convention expenses
 - ❑ Books and subscriptions
 - ❑ Education
 - ❑ Cell Phone
 - ❑ Business gifts

Ministry- Related Expenses

- ❑ *Commuting - See IRS Publication 463 - Travel, Gift & Car Expenses*
 - ❑ Mileage between principal place of residence (*family home*) and main or regular place of work (*tax home*)
 - ❑ These are personal commuting expenses
 - ❑ Cannot deduct commuting expenses, no matter how far home is from regular place of work
 - ❑ Cannot deduct commuting expenses even if work is performed during commuting trip
 - ❑ Temporary or Indefinite Assignment
 - ❑ If work away from tax home is temporary, generally less than one year, mileage between home and temporary work location not commute miles, but business miles
 - ❑ If work away from tax home is indefinite, realistically expected to last for more than a year, temporary location becomes tax home and mileage between residence and tax home is commute miles
 - ❑ The determination of “temporary” or “indefinite” must be decided when work started

Ministry- Related Expenses

- ❑ Documenting Ministry-Related Expenses - Five “Ws”:
 - ❑ Why (Business purpose)
 - ❑ What (description, including itemized accounting of cost)
 - ❑ When (date)
 - ❑ Where (location)
 - ❑ Who (names of those for whom the expense was incurred)

- ❑ Use of Church or Associational credit card can be helpful to charge ministry-related business expenses. However, the use of a credit card does not automatically provide substantiation without additional documentation.

Ministry-Related Expenses

Contributions

Contributions

- ❑ Charitable Contributions - to be deductible, a contribution must meet six conditions:
 1. A gift of cash or property,
 2. Claimed as a deduction in the year in which the contribution is made,
 3. Unconditional and without benefit to the donor,
 4. Made “to or for the use of” a qualified charity,
 5. Within the allowable legal limits (60% AGI), and
 6. Properly substantiated

- ❑ The value of personal services is never deductible as a charitable contribution

- ❑ The value of rent-free building space made available to a church cannot be claimed as a charitable contribution

Contributions

- ❑ Gifts of cash and property
 - ❑ Cash
 - ❑ Less than \$250 one-time gift can be substantiated with canceled check
 - ❑ \$250 or more one-time gift must have written acknowledgement from charity
 - ❑ **Written acknowledgement must include**
 - ❑ Church Name
 - ❑ Name of donor
 - ❑ Amount contributed
 - ❑ Statement of whether goods or services were provided to donor in exchange for the gift
 - ❑ Contribution can be disallowed without this statement in acknowledgement
 - ❑ Date the donation was made
 - ❑ Date the receipt was issued
 - ❑ Property - Includes contribution of shares of stock
 - ❑ Written acknowledgement required
 - ❑ Acknowledgement should **NOT** place monetary value on property receive

❑ (See IRS Publication 1771 - Charitable Contribution - Substantiation and Disclosure Requirements)

Contributions

- ❑ **Claimed as deduction in year gift is made**
 - ❑ Contribution received by the church by December 31st
 - ❑ Contribution received through the mail with postmark on or before December 31st
 - ❑ Credit card delivery is when charge is made (processed)

- ❑ **Unconditional and without personal benefit to the donor**
 - ❑ If a donor does receive a return benefit in exchange for a contribution, then a charitable contribution only deductible to the extent they exceed the value of any benefit received by the donor
 - ❑ Quid Pro Quo contributions requirements
 - ❑ If Quid Pro Quo contribution is more than \$75 dollars, church must provide written statement to the donor
 - ❑ Provide good faith value of goods or services

Contributions

❑ Designated Contributions

- ❑ Allowed as deductible if made to on-going program or ministry of church
- ❑ Example - Benevolence Funds

❑ Donor designates individual

- ❑ Generally no deduction allowed unless church exercises full administrative control over funds to ensure they are being spent in furtherance of the church's exempt purpose
 - ❑ Example - Special Appeal
 - ❑ Example - Short-term missions
 - ❑ 2 general tests to determine deductibility -
 - ❑ Intended benefit test
 - ❑ Control Test

❑ Designated contributions to Missionaries

- ❑ Contributions made directly to a missionary may be deductible if it can be established that the contribution was for the use of a charitable organization
 - ❑ Church must act as “missions agency”

- ❑ Tax law surrounding charitable contributions is complex.
- ❑ This presentation highlights only basic guidelines that are most common in the church environment
 - ❑ Contribution Policy
 - ❑ Designated Gift Policy
 - ❑ Short-Term Missions Contributions
 - ❑ Benevolence Contributions
- ❑ Policies should be in writing
- ❑ Policies should be approved by church

Contribution Policies

Contribution Policy

- ❑ A contribution policy could include, but is not exclusive to the following:
 - ❑ Cash Gifts
 - ❑ When cash/check gifts will be received, i.e., Sunday services, mail, church office
 - ❑ Contributions by credit card
 - ❑ Online contributions
 - ❑ Tax law does not address who pays processing fee
 - ❑ Gifts of securities
 - ❑ Methods of execution and delivery to church
 - ❑ Gifts of real property
 - ❑ Process for transfer of real property to church, i.e., appraisal, etc.
 - ❑ Noncash gifts of property
 - ❑ Donations of vehicles require specific handling, reporting requirements and time limits
 - ❑ Other restrictions on noncash property donations at the discretion of the church
 - ❑ Church supplies purchased by volunteer
 - ❑ Year-End timing of contributions
 - ❑ Contribution acknowledgements
 - ❑ Timing of written acknowledgements for contributions

Designated Gift Policy

- ❑ A designated gift policy could include, but is not exclusive to the following:
 - ❑ The purpose of the designated giving policy
 - ❑ Defining conditions under which designated gifts can be accepted
 - ❑ Donors understand contributions benefit the ministry of the church
 - ❑ Ensuring tax-deductibility of designated donation
 - ❑ Guidelines of church accepting designated gifts
 - ❑ For example
 - ❑ Cannot accept gifts to outside organizations
 - ❑ Cannot accept gifts designated for individuals
 - ❑ How designations for ministries within the church can be accepted
 - ❑ Contain a list of approved designated funds for which church can accept donations
 - ❑ Could include how designated funds are administered
 - ❑ Explain process for setting up a new designated fund

Short-Term Mission Policy

- ❑ A short-term mission policy could include, but is not exclusive to the following:
 - ❑ Funding of short-term mission trips
 - ❑ Funded by budget of church
 - ❑ Funded by participant with no involvement of church
 - ❑ Funded by donors
 - ❑ Tax-deductibility of contributions from donors for mission trip
 - ❑ Contributions are for “mission efforts” of the church, not to the participant
 - ❑ Unused funds will not be refunded but retained by church
 - ❑ No funds will go directly to participant; church will administer funds
- ❑ Evangelical Council for Financial Accountability (ECFA) has example of good Short-Term Mission Trip Policy at www.ecfa.org

Benevolence Policy

A Benevolence Policy could include, but is not exclusive to the following:

- ❑ Definition of benevolence
- ❑ Qualifying act of benevolence
 - ❑ Determine there is a need that cannot be met out of current available resources to the person making the request
- ❑ How benevolence program is structured
 - ❑ Verify Need
 - ❑ Established benevolence guidelines - questions to consider in policy
 - ❑ Who has the authority to authorize what?
 - ❑ What types of needs will be considered?
 - ❑ What type of 3rd party confirmation will be required?
 - ❑ What proof of other resources will be obtained?
 - ❑ What will disqualify a person requesting assistance?
 - ❑ Guidelines should include -
 - ❑ Will the applicant have to do something for the assistance?
 - ❑ How will the need be met?
 - ❑ How will multiple requests be handled?
 - ❑ How will requests from employees and their family members be handled?

Benevolence Policy- Continued

- ❑ Pitfalls to watch for when administering a benevolence policy
 - ❑ Discretionary funds
 - ❑ Repeat requests
 - ❑ Designated gifts
 - ❑ Benevolence assistance to employees

Websites

- ▶ www.guidestone.org
 - ▶ Federal Reporting Requirements for Churches
 - ▶ Ministers Tax Guide
- ▶ www.ecfa.org - Evangelical Council for Financial Accountability
- ▶ www.nacba.net - The Church Network
- ▶ www.churchlawandtax.com - Richard Hammar
- ▶ www.irs.gov
- ▶ www.irs.gov/charities/churches - Tax information for Churches and Religious Organizations

Questions?

□ Contact Information

- Deborah Taylor, CPA
- 615-969-8479
- cpadtaylor@bellsouth.net