

JAYROE & COMPANY, Inc.

PROFESSIONAL BUSINESS SERVICES

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Tax Information Packet

To: **Missionaries**

Date: **January, 2021**

Re: **2020 Income Tax Preparation**

Enclosed you will find the 2020 Tax Organizer that will assist you in gathering your 2020 tax records for tax preparation. You will note it is in the same format as in prior years, which may make it easier for you to use. We thank you for allowing us to be of service to you with your tax preparation, and promise to do our best to help make this as 'painless' as possible. If you have any questions, please feel free to contact us.

We are requesting that you contact FMD and have them mail directly to us your W-2 Forms and Estimated Tax Payments made on your behalf. This will expedite your return if we have this information in your file.

I will personally be handling all the missionary tax returns. I have been in public accounting for over 50 years and have owned and operated *Jayroe & Company* since 1980. I am an Accredited Tax Preparer, Accredited in Federal Income Taxes, and Enrolled (Licensed) to practice before the Internal Revenue Service. In addition, I have been a pastor for over 40 years.

Should I, or any of my staff be able to assist you in any way, do not hesitate to call. Please note our new e-mail address of aubrey@jayroeco.com.

May God bless you.

Aubrey L. Jayroe, ATP, ATA, EA

2020 TAX ORGANIZER INFORMATION

Tax Preparation Organizer. Please complete this Organizer and return it as soon as possible. This will enable all your income tax information to be properly handled per your instructions. PLEASE SEND ME ALL THE PAGES OF THE TAX ORGANIZER.

Form 1040-ES 2020 Estimated Payment Voucher. At present, all estimated taxes will be handled by the Foreign Missions Division as in the past. If you owe any tax from outside income or from income while on deputation, you will need to pay these taxes by January 15, 2020. **Please notify Global Missions** for the payment of any of your 2020 taxes in order to avoid penalty and interest.

W-2 Forms are to be supplied by the FMD. These should be sent directly to us upon completion which should be by January 31, 2021. **Please notify Global Missions to send the W-2 and estimated taxes directly to us, if you have not done so.** If you have W-2 Forms from other sources, please forward these directly to our office.

Missionary Returns are priority in our office. We attempt to prepare a missionary's return within 5 days of receiving all the data and information needed to complete the return.

Please complete the remaining pages and return along with all necessary supporting documentation.

You may communicate tax matters via email at aubrey@jayroeco.com. If attaching files to email, identify the type of file attached in the text portion of your e-mail message. File attachments may be encoded as processed through the Internet and will not be readable when received. Make sure to keep your file until we've confirmed receipt of your information in a readable format. It may be necessary for you to mail or fax instead of emailing!

If you need to fax confidential information you may do so at any time. All faxes will be placed on my desk upon receipt. FAX 870-633-6500.

Please do not hesitate to contact our office if you have any questions concerning 2020 income taxes.

Thank you.

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

| | | | | | | |
|---|-----|--|---|--|-----------------------------|-------------------------------|
| LIFESTYLE & TAXES | Yes | No | Are either you or your spouse legally blind? | | | |
| | Yes | No | Did you pay or receive alimony in 2020? | | Recipient's SSN | Date of divorce or separation |
| | | | <i>Paid</i> | <i>Received</i> | \$ | |
| | Yes | No | Did you purchase health insurance through a public exchange? | | | |
| | Yes | No | Will there be any significant changes in income or deductions next year, such as retirement? | | | |
| | Yes | No | Have you paid alternative minimum tax (AMT) in previous years? | | | |
| | Yes | No | Did you pay anyone for domestic services in your home? | | | |
| | Yes | No | Did you purchase a new energy-efficient car, truck, or van? | | | |
| | Yes | No | Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? | | | |
| | Yes | No | Are you a member of the military? | | State of residency | |
| | Yes | No | Were you a citizen of or lived in a foreign country? | | Foreign country | |
| | Yes | No | Do you own or have financial interest in a foreign bank or financial account? Balance exceeds \$50,000 | | | |
| | Yes | No | Did you receive an economic impact payment? If so, provide the amount. | | | |
| Yes | No | Would you like to allow your tax preparer or another person to discuss your return with the IRS? | | | | |
| | | <i>Designee's name</i> | <i>Phone number</i> | <i>PIN (any five digits)</i> | | |
| CHILDREN & EDUCATION | Yes | No | Were any children born or adopted in 2020? (Provide statement for other expenses.) | | | |
| | Yes | No | Were any children attending college? | <i>Year in college</i> | Paid by you: Tuition \$ | Student loan interest \$ |
| | | | | | Paid by student: Tuition \$ | Student loan interest \$ |
| | Yes | No | Did you pay any tuition for a private school for a dependent or take classes yourself? | | | |
| | | | <i>Student</i> | | <i>Amount paid</i> \$ | |
| | | | <i>Name and address of school</i> | | | |
| | Yes | No | Did you pay for child or dependent care so you could work or go to school? (add statement if needed) | | | |
| | | <i>Name of provider</i> | | <i>EIN or SSN</i> | | |
| | | <i>Address</i> | | <i>Amount paid</i> \$ | | |
| Yes | No | Do you have any children who have unearned income of \$1,100 or more? | | | | |
| Yes | No | Did you make any contributions to a 529 plan in 2020? | | | | |
| INVESTMENTS | Yes | No | Did you, or will you, contribute any money to an IRA for 2020? | | Traditional IRA | Roth IRA |
| | Yes | No | Did you roll over any amounts from a retirement account in 2020? | | | |
| | Yes | No | Did you sell or transfer any stock or sell rental or investment property? | | | |
| | Yes | No | Did you receive any income from an installment sale? | | | |
| | Yes | No | Did you have any investments become worthless or were you a victim of investment theft in 2020? | | | |
| | Yes | No | Were you granted, or did you exercise, any employee stock options during 2020? | | | |
| | Yes | No | Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? | | | |
| DEDUCTIONS | Yes | No | Did you, or do you plan to, contribute money before April 15, 2021 to a HSA for 2020? If yes, provide details. | | | |
| | Yes | No | Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details. | | | |
| | Yes | No | Did you pay sales taxes on a major purchase in 2020, such as a vehicle, boat, or home? | | | |
| | Yes | No | Did you make any charitable contributions in 2020? If yes, provide details. | | | |
| BUSINESS | Yes | No | Did you work from a home office or use your car for business? | | | |
| | Yes | No | Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.) | | | |
| | Yes | No | Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture? | | | |
| HOME | Yes | No | Did you purchase or sell a main home during the year? If yes, provide closing statement. | | | |
| | Yes | No | If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details. | | | |
| | Yes | No | Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement. | | | |
| | Yes | No | Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? | | | |
| | Yes | No | Did you make any new energy-efficient improvements to your home? If yes, provide details. | | | |
| State information | | Full-year resident | Part-year resident | Nonresident | School district | |
| States of residence during 2020 and dates | | | | Do you rent or own your home? Rent Own | | |

TAX ORGANIZER INFORMATION

ALL MISSIONARIES COMPLETE AND RETURN THESE PAGES.

I request that my income tax return(s) be prepared by Jayroe & Company, Inc. for 2020. I understand that all information provided by me will be kept confidential between myself and Jayroe & Company as established between client and tax preparer. If this is the first year I have elected to have Jayroe & Company prepare my return, I will provide a photocopy of my 2018 Form 1040 or the last return filed that includes Form 2555.

I verify that all information submitted to Jayroe & Company is accurate and complete and authorize them to prepare my tax return and e-file them if requested, based on the information provided to them. We understand Jayroe & Company it is not auditing or reviewing the records of the client, however, it may be necessary for the staff of Jayroe & Company to contact the missionary to clarify or verify any information submitted. We are requesting that Jayroe & Company *prepare* the returns and send a copy to us. Unless otherwise designated below, the completed prepared return will be mailed to you, the Missionary in care of: United Pentecostal Church, Intl., Global Missions.

To: Jayroe & Company

Please send the copy of my completed return to either:

1.

Name: _____

% of: _____

Address _____

City, State, Zip _____

2.

Or Email my return to the following email address: _____

3.

Or send the copy to Global Missions: _____yes

THE FOLLOWING INFORMATION IS IMPORTANT AND MUST BE COMPLETED IN ORDER FOR US TO FILE YOUR RETURN.

E-FILE INFORMATION:

We will e-file your tax return according to the guidelines of the Internal Revenue Service. By being a foreign resident, your return must be e-filed.

DIRECT DEPOSIT/DIRECT PAYMENT

To receive a direct deposit refund or to draft any amount owed from your account, please provide the following information:

Name of Bank _____

Bank routing number _____ Bank account number _____

Is this a personal checking account _____ or is it a personal saving account _____

We authorize you to draft my account if I owe additional taxes. Initial here: _____

We authorize you to deposit my refund into my checking or savings account? _____ Yes

CREDIT CARD PAYMENT: Payment for services are due upon the completion of the return. Please provide the following credit card information:

Name on Card _____ Expiration Date _____

Account Number _____ CVC Code _____

Phone Number _____ Email: _____

Type of Card: Visa Master Card American Express

SIGNATURE/AUTHORIZATION

I, we, authorize Jayroe & Company to file our return according to the instructions provided to them with this organizer and/or other documents we have provided.

Signed: _____ Spouse: _____

Dated: _____ Email: _____

MISSIONARY TAX INFORMATION FOR 2020

| | | |
|--|----------------------------|------------------------|
| Taxpayer's Name _____ | | |
| (Last) | (First) | (Middle) |
| Social Security Number _____ - _____ - _____ | Date of Birth _____ | |
| I consider myself to be a resident of the State of _____ | | |
| Driver's License Number: _____ | Issue Date: _____ | Expiration Date: _____ |

| | | |
|---|----------------------------|------------------------|
| Spouse's Name _____ | | |
| (Last) | (First) | (Middle) |
| Social Security Number _____ - _____ - _____ | Date of Birth _____ | |
| Driver's License Number: _____ | Issue Date: _____ | Expiration Date: _____ |

Dependents. List all dependents. Dependent's Social Security number a must--no exceptions. Not providing the Social Security number will delay filing as the IRS won't accept the return without the proper social security numbers for the dependents.

| Name: | #1 | #2 | #3 |
|---|-------|-------|-------|
| First | _____ | _____ | _____ |
| Middle | _____ | _____ | _____ |
| Last | _____ | _____ | _____ |
| Date of Birth | _____ | _____ | _____ |
| Social Security # | _____ | _____ | _____ |
| Relationship | _____ | _____ | _____ |
| Number of months dependent lived in your home in 2020: | _____ | _____ | _____ |
| Did you provide more than 50% of dependent's support in 2020? Yes/No | _____ | _____ | _____ |
| Did your dependent work and receive a W-2 Form for 2020? Yes/No | _____ | _____ | _____ |

If you have more than three dependents, attach a sheet providing this same information for each additional dependent. If one or more of your dependents are students who worked stateside anytime during the year, completion of their return in conjunction with your return is essential; therefore, please provide information for the completion of that dependent's personal return or have the MK contact me direct.

IMPORTANT:

The Address you wish us to use as the address on your tax return. This would be your U.S. address or Global Missions

Street/P.O. Box _____ City _____

State _____ Zip Code _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN ORDER TO QUALIFY FOR THE FOREIGN INCOME TAX EXCLUSION:

U.S. Residence, if you have one:

Street _____

City _____ State _____ Zip _____

Telephone number: (____) _____

Foreign Residence as of December 31, 2020 (This must be included to qualify for tax-free status)

Foreign Telephone Number _____
Country Code City Code Local Number

Complete 1 and 2 for your current term abroad or all four items relative to your last overseas term if currently on deputation.

1. Date departed from the U.S. _____

2. Date arrived in foreign country _____

3. Dated departed foreign country _____

4. Date arrived in the U.S. _____

Type of living quarters at foreign residence:

____ Purchased residence _____ Rented house or apartment
____ Residence furnished by GM/UPCI _____ Rented room

Did any of your family live with you abroad during any part of 2020? _____ Yes _____ No
If yes, who and for what period?

Have you made a statement to government authorities of your bona-fide resident foreign country that you are not a resident of that country? _____ Yes _____ No

Are you required to pay income tax to the country where you claim bona-fide residence?
____ Yes _____ No

2020 Tax Organizer

Complete for days present in the United States or its possessions during this year:

| Date Arrived/Left | Number of Days on Business | Income Earned |
|-------------------|----------------------------|---------------|
| | | |
| | | |

State the type VISA or PERMIT you presently hold:

Did your visa contain any limitations as to the length of your stay or employment in a foreign country?
 Yes No

Did you maintain a home in the U.S. while residing in the foreign country? Yes No

If yes, attach a page showing the address of your home, whether it was vacant or occupied/rented, and the names and relationships of the occupants/tenants.

Did you maintain a separate residence for your family due to adverse living conditions in the country of foreign residence? Yes No

If yes, give city and country of separate foreign residence.

If yes, give the number of days during 2020 that you maintained a second household. _____ days



Social Security/Ministry Related. All missionaries must complete.

I have not filed Form 4361 with the IRS and am subject to the Social Security Self-Employment Tax on my ministerial earnings.

I filed Form 4361 with the IRS and am exempt from the Social Security Self-Employment Tax on my ministerial earnings.

During 2020, I have performed the sacerdotal functions required to qualify for a housing allowance under the provision of the Internal Revenue Code. Yes No

Ministry Related Income. In addition to wages and housing allowance received from Foreign Missions Division and any *deputation income reported elsewhere*, I have the following ministerial income:

Tithes, offerings, honoraria for weddings, funerals, etc. as received from:

Foreign sources: \$ _____

U.S. sources: \$ _____

Provide detail for all ministry-related expenses (excluding expenses of deputation) paid from your personal funds that were not reimbursed by FMD or any other organization. Categorize the expenses paid as best as possible. If in question or in doubt, make a separate listing. Attach a separate sheet if needed. **DO NOT** list any deputational income or expenses here.

Housing Allowance. If you received a housing allowance from a source other than Global Missions, complete the following:

Total dollar amount of compensation received designated as a housing allowance
\$ _____

This housing allowance was received from

Estimated Income Tax Payments for 2020:

(List payments made by you personally – not made by Global Missions)

| Date | Where Sent | Amount |
|-------|------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Note: FMD will provide us with the estimated payments made by Global Missions on your behalf. Do not list those payments above. List only those payments made personally by you.

Interest and Dividend Income. Please list according to each separate Form 1099-INT or Form 1099-DIV received. A photocopy of each form reporting items such as an early withdrawal penalty, capital gain distribution, nontaxable distribution, foreign tax credit, or other specialty type distribution is a must. Discrepancies in this area can cause an IRS audit; please be accurate and complete!

| Received From | Amount |
|---------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Itemized Deductions. In preparing your return, we will use the larger of itemized deductions or the standard deduction granted per your filing status.

| | |
|---|----------|
| Medical/dental expenses <u>not reimbursed</u> by insurance or your PIM account: | \$ _____ |
| State and local income taxes paid | \$ _____ |
| Sales Tax Paid | \$ _____ |
| Real estates taxes paid (excluding rental property) | \$ _____ |
| Other taxes paid (list) _____ | \$ _____ |
| Interest paid on home mortgage | \$ _____ |
| Contributions** | \$ _____ |
| Casualty and theft losses (Attach details) | \$ _____ |

**IRS regulations require a taxpayer to have a written receipt for any contribution made. A cancelled check is no longer considered adequate documentation for a charitable contribution of this nature. You must have all necessary written receipts in your possession prior to the filing of your income tax return in order to qualify for a charitable contribution deduction.

I have complied with IRS regulations concerning charitable contributions and have all necessary written receipts in my possession. Yes No

Rental Property. Please provide information as to the rental income received and expenses paid (please categorize). Separately list any capital improvements made during the year. If the property was sold or otherwise disposed of during the years, please provide complete information about the sale, etc. If multiple properties are owned, separate the required information by each property.

Disposal of Capital Assets. If you sold or otherwise disposed of any capital asset, i.e., stocks, bonds, real estate, etc., during the year, please provide complete information as to your date of acquisition, cost basis, date of sale, cost of sale and sale proceeds. If you receive Form 1099-B, please provide a photocopy of each form received.

Other Income and Expenses. If you have any other items of taxable income or deductible expense not specifically listed on any other page, please attach a sheet identifying the income and/or the expense along with other relevant information.

Moving Expenses. A shipping allowance to the field and/or a return from the field allowance received in this year will be included as gross wages on Form W-2. The gross amount of these allowances is considered gross wages regardless of cash flow, i.e., FMD pays the bills disbursing to you any amount left or the entire allowance is paid to you. Please provide information for each category of expense associated with your travel to the field and/or return from the field. If all costs were paid from your PIM account, please indicate such. If some costs were paid from your PIM account and some costs were paid from your personal funds, please distinguish the amount paid from each source. A photocopy of any FMD recap of your shipping allowance will be greatly appreciated.

Transportation and storage for household goods and personal effects:

\$ _____

Travel and lodging (excluding meals) costs for yourself and your family members:

\$ _____

Other costs not listed above:

Deputation or Outside Income and Expenses. Please provide the totals below of any income and expense incurred during the deputation while in the States or during any temporary U.S. stay. For amounts entered below under "Other" give complete detail of each item. Please remember that deputation per diem, School of Missions per diem, and General Conference per diem is included in your Form W-2; therefore, do not include those amounts below.

Gross Offerings Received \$ _____

Other Income (Identify _____) \$ _____
 (Do not include income here that is reported under the section title "Ministry Related Income")

Booking Fees Paid \$ _____

Airfare Paid \$ _____

Hotel/Motel/Camp Sites Paid \$ _____

Laundry/Dry Cleaning Paid \$ _____

Publications, Tapes & Aids Paid \$ _____

Telephone Paid \$ _____

Office and Postage Expense Paid \$ _____

Total Vehicle Payments \$ _____

Amount of Vehicle Payments Deemed Interest \$ _____

Actual Vehicle Expense (gas, oil repairs, etc.) \$ _____

or

Total Business Miles Driven _____ @\$.575 \$ _____

Total Meal Per Diem Amount \$ _____

Legal and Professional Services \$ _____

Repairs and Maintenance (Other than vehicle) \$ _____

Other Deputation Supplies \$ _____

Other Expenses:
 _____ \$ _____

_____ \$ _____

_____ \$ _____

Assets and Listed Property

Please provide details concerning expenditures, etc., made for the purchase of vehicles, travel trailers, motor homes, etc. If more than one vehicle was used in deputation during the year, provide the requested information for each vehicle used.

Description _____

Date vehicle placed in service _____

Cost or other basis _____

Total miles driven during the year _____

Business miles driven during the year _____

Total personal miles driven during the year _____

Date vehicle removed from service _____

Sales proceeds, if item sold _____

Other information concerning the vehicle: _____

Do you have evidence to support the business use claimed? Yes No

If "Yes" is the evidence written? Yes No

Was the vehicle available for personal use during off-duty hours? Yes No

Is another vehicle available for personal use? Yes No

Other Assets acquired this year for use in deputation and/or missionary work:

| Date Acquired | Description of Item Acquired | Cost |
|---------------|------------------------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

OTHER:

ADDITIONAL INFORMATION REQUIRED TO COMPLETE THE RETURN: _____
