

**ANNUAL MISSIONARY STATEMENT
OF WORK EXPENDITURES
Assemblies of God U.S. Missions**



This form is used to verify the amount of work expenses disbursed over and above your personal salary. This form is due the May 1st of each year for the previous year. If you are filing an extension on your taxes, please notify us in writing.

Name _____

Account Number: _____

Field _____

Tax year statement covers _____

Amount claimed on your tax return for ministry related expenses \$ _____
(from line 28 of your schedule C)

Half tithes total for tax year claimed on your schedule C: _____

Did your tax preparer apply the "Deason Ruling" to your work expenses?

Yes

No

Name of your tax preparer: _____

Signature

For Office Use Only

Amount of non-accountable work reimbursement and advances made for calendar year \$ _____

Return to:

Assemblies of God U.S. Missions-1445 N Boonville Ave-Springfield, MO 65802

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