

## 2018 Clergy Compensation Recommendation to the Church/Charge Conference

Complete one form for each clergy under appointment to your charge.  
Send it to the District Office in time to arrive **10 days before** the Charge Conference **or by Dec 1**, whichever is earlier. Make a copy of this report and bring it to the meeting for your presentation.

Charge \_\_\_\_\_

Clergy \_\_\_\_\_

Church Name: \_\_\_\_\_

**Clergy Compensation**

- 1 Salary \_\_\_\_\_
- 2 Health Care Compensation if pd by Church (**NON-Conf plans only**) \_\_\_\_\_
- 3 Other (Equitable Salary, Allowances, etc.) \_\_\_\_\_
- 4 **Subtotal Cash Compensation (Add Lines 1-3)** \_\_\_\_\_
- 5 Clergy's Contribution to DAC Health Plan (if paid by the church) \_\_\_\_\_
- 6 **Total Cash Compensation (Add Lines 4 and 5)** \_\_\_\_\_

2017 Total	2018 Salary			2018 Total
	Church 1	Church 2	Church 3	
				\$0
				\$0
				\$0
\$0	\$0	\$0	\$0	\$0
				\$0
\$0	\$0	\$0	\$0	\$0

7 <b>HEALTH INSURANCE (Check "X")</b>	Conference	Other	
8 <b>HOUSING (Check "X")</b>	Housing Allowance	Parsonage	Neither
9 Enter amount from Line 6			
10 If a parsonage is provided, enter 25% of Line 6 as Parsonage value... OR			
11 Enter the actual Housing Allowance shown on Line 25			
12 <b>Plan Compensation base for CRSP contributions by Conference and UMPIP personal contributions</b>			

**Salary Reduction (Before Tax) Items**

- 13 Clergy's Contribution to UMPIP 403(b) Pension Plan \_\_\_\_\_
- 14 Clergy's Contribution to Health Ins. Premium (Conf. Plan only) \_\_\_\_\_
- 15 Clergy's Vision Insurance Premium (Conference Plan only) \_\_\_\_\_
- 16 Medical Reimbursement Account (FSA Plan) \_\_\_\_\_
- 17 Other Pre-tax Items (Describe \_\_\_\_\_)
- 18 **Total Salary Reduction Items (Add Lines 13-17)** \_\_\_\_\_

				\$0
				\$0
				\$0
				\$0
				\$0
\$0	\$0	\$0	\$0	\$0

**Salary Reportable to IRS**

- 19 Total Clergy Compensation (Line 6)
- 20 Minus Household Furnishings Allowance (Exclusion)
- 21 Minus Salary Reduction Items (Line 18)
- 22 **Salary Reportable on W-2 (Line 19 - Line 20 - Line 21)**

\$0	\$0	\$0	\$0	\$0
				\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0

**Employee Benefits** (Church Budget Expenses)

- 23 Health Care Plan (Conference Plan only) \_\_\_\_\_
- 24 Parsonage Utilities \_\_\_\_\_
- 25 Housing Allowance (In lieu of parsonage) \_\_\_\_\_
- 26 Travel Vouchered at IRS Rate \_\_\_\_\_
- 27 Continuing Education & Annual Conference \_\_\_\_\_
- 28 Pension Amount billed by Conference \_\_\_\_\_
- 29 Accountable Reimbursement Plan \_\_\_\_\_
- 30 Other Benefits (Describe \_\_\_\_\_)
- 31 **Total Benefits Costs** \_\_\_\_\_

				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
\$0	\$0	\$0	\$0	\$0

The above compensation amounts are used to determine clergy salary and benefits contributions.  
Our signatures affirm all amounts have been reviewed and are accurate to the best of our knowledge.

**Signatures**

Date: \_\_\_\_\_

\_\_\_\_\_  
Chair, Pastor-Parish Relations Committee

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Chair, Administrative Board/Council

\_\_\_\_\_  
Clergy

**Church Treasurer's Calculation for Payroll**

Total Clergy Compensation (Line 6)  
 Minus Salary Reduction Items (Line 18)  
 Minus any other authorized withholdings (i.e. Roth/after-tax pension withholding)  
**Total cash to be paid annually to the clergy:**  
 Divide the above total by the number of paydates for the year (12, 24, 26, etc.)

Church 1	Church 2	Church 3
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0