Please save this form before you start filling it in so as not to lose your information using 'SAVE AS'

Clergy Compensation Report For 2018

Pastor's Name: **Charge:**

Status:
Time:

	Totals	Church 1	Church 2	Church 3	Church 4
Name:					
GCFA:					
DCNo:					
1. Total Amount Compensation					
2. Employee Benefit Plan and Salary Reduction Agreements less:					
a. Salary Reduction for PIP Pension (IRC 403b)					
b. Clergy Contribution Health Benefits (IRC 125)					
c. Spouse/Family Health Benefits (IRC 125)					
d. Medical Reimbursement Election (IRC 125)					
e. Clergy Life Insurance (IRC 125)					
f. Dependent Care (IRC 125)					
g. Household Expense Allowance (IRC 107)					
3. Net Compensation *(line 1 minus lines a-g)*					
4. Non-Salary Items					
a. Travel					
b. Continuing Education					
c. Annual Conference Expenses					
d. Housing in lieu of parsonage					

5. Pension Questions:
a. Does the Pastor live in parsonage
b. Calculated Plan Compensation: **DC:** 925 **DB:** **CPP:** **TPPC:**

Total Pension Plan Cost					

6. **Health Benefit Questions:**
a. **Is Pastor Eligible?**
b. **Deacon's health benefit provided by other than conf.?**

Health Benefits Clergy Contribution					
Health Benefits Church/Charge Cost					
Total Health Benefits Cost					

7. Equitable Compensation Grant applied for? **Amount**
Receiving Other Salary Grants? **Amount**

Charge Conference Date: _____

Clergy: _____

PPRC Chair: _____

Charge/Local Church Treasurer: _____

District Superintendent: _____

Presiding Elder (*if applicable*): _____

Charge Conference Secretary: _____