

**Part 1 – General Information.** Please complete a report for each pastor under Episcopal appointment to the church or charge.

Church \_\_\_\_\_ Charge \_\_\_\_\_ District \_\_\_\_\_

Pastor's Name \_\_\_\_\_ SS # (opt.) \_\_\_\_\_ Birthdate \_\_\_\_\_

Status (Circle One): **AM FD FE FL OD OE OF PD PE PL PM SY** Retired (see journal for code ID)

\*\*\* **If apptd by the Bishop less than full time** (Circle One):  $\frac{3}{4}$   $\frac{1}{2}$   $\frac{1}{4}$  (Applies to AM FD/FE PD/PE/PM OE OF)\*\*\*

\*\*\*Reference Page 4-26 of the *East Ohio Conference 2010 Journal*

**Part 2 – Compensation Information**

***Plan Compensation***

1. Total Cash Salary (Total from Worksheet 1) \$ \_\_\_\_\_

**IF PARSONAGE PROVIDED, THEN GO TO LINE 2; OTHERWISE, GO TO LINE 3.**

2. Parsonage Amount = Total Cash Salary (Line 1) x .25 \$ \_\_\_\_\_

3. Housing Allowance to be received in lieu of parsonage. \$ \_\_\_\_\_

4. TOTAL PLAN COMPENSATION (TOTAL OF LINES 1, 2 & 3) \$ \_\_\_\_\_

**Other information:**

**5. Additional Housing Exclusion Amount**

Amount of Line 1 (Cash Salary) elected by pastor to be included as part of the housing exclusion reported on the Clergy Housing Exclusion Resolution Form

\$ \_\_\_\_\_

**For this purpose, the amount to be included on this line should not include Line 3 from above or any church paid parsonage expenses.**

**Part 3 – Personal Investment Plan**

If you are currently enrolled in the General Board of Health & Pension Before-Tax PIP Plan (403B) and wish to CHANGE your monthly contribution effective January 1, 2012, please be sure to fill out both the ***Billing Change Form for the Personal Investment Plan*** and the ***Before-tax and After-tax Contributions Agreement to the Personal Investment Plan*** forms which are included with this Pastor Compensation Form. **You do not need to fill out these forms if you wish to keep your monthly PIP contribution billing the same.**

**Part 4 – Signatures**

Is pastor enrolled in Social Security? (Circle One) YES NO

Is pastor enrolled in Conference H/C Plan? (Circle One) YES NO If NO, how? \_\_\_\_\_

**Health Care Charge for 2012 \$12,780 Pension Charge for 2012 (see MPP/ CPP worksheet) \$ \_\_\_\_\_**

Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_

Signature of SPR or Finance Chair \_\_\_\_\_ Date \_\_\_\_\_

Church Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to call \_\_\_\_\_

Signature of District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

The following worksheets may be helpful as you determine the amounts to enter on the reverse side of this form.

**Worksheet 1 – Compensation Paid by Local Church**

- a. Cash salary (This amount represents total gross salary paid prior to any deduction for any before or after tax personal pension contribution or any other deduction) \$ \_\_\_\_\_
- b. Equitable Compensation or other annual conference funds (This figure is not to be included in Line a above) \$ \_\_\_\_\_
- c. Other cash compensation paid to pastor (e.g., to cover Social Security taxes, bonuses, payments to private investment programs, scholarships, etc.) \$ \_\_\_\_\_
- d. Cash Allowances (Total of Worksheet 2) \$ \_\_\_\_\_
- Total Cash Salary (Line a + b + c + d) \$ \_\_\_\_\_**
- Insert Total on Part 2, Line 1**
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**Worksheet 2 – Cash Allowances (Do not include any monies shown in Worksheet A and B below)**

- a. Cash provided for health or other insurance premiums (Does not include Conference Health Care Plan or premiums paid under a qualified 105 or 106 Plan) \$ \_\_\_\_\_
- b. Travel \$ \_\_\_\_\_
- c. Continuing education, books and publications \$ \_\_\_\_\_
- d. Other allowances (e.g., entertainment allowance, membership, dues) \$ \_\_\_\_\_
- Total (Insert total on Worksheet 1, Line d) \$ \_\_\_\_\_**
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**Worksheet A – Accountable Reimbursement Plans (INFORMATIONAL PURPOSES ONLY)**

1. Travel \$ \_\_\_\_\_
2. Continuing education, books and publications \$ \_\_\_\_\_
3. Other (e.g., entertainment allowance, membership, dues) \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_**
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**Worksheet B – Other (INFORMATIONAL PURPOSES ONLY)**

1. Annual Conference expenses paid by local church \$ \_\_\_\_\_
2. Automobile provided by local church including insurance and maintenance \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_**