

WORKSHEET FOR MINISTER'S COMPENSATION
(Duplicate and complete a separate sheet for each minister.)

NAME OF CHURCH	PASTOR	DATE
	Actual (Current Year)	Proposed (Next Year)
I. PASTOR'S MINIMUM COMPENSATION (See <i>Minutes</i> for Scale)	\$ _____	\$ _____
II. PARSONAGE / HOUSING ALLOTMENT (Include additions to salary only - or fair rental value of parsonage)	\$ _____	\$ _____
III. ACCOUNTABLE REIMBURSEMENTS (Include amounts that are designated for ministry-related expenses in addition to salary)	\$ _____	\$ _____
IV. FRINGE BENEFITS		
1. Retirement Plan Contributions	\$ _____	\$ _____
2. Medical Insurance Assistance	\$ _____	\$ _____
3. Social Security Reimbursement	\$ _____	\$ _____
4. Other _____	\$ _____	\$ _____
5. Other _____	\$ _____	\$ _____
V. SUMMARY:		
Total Compensation Package	\$ _____	\$ _____

TAXABLE COMPENSATION

Total Compensation	\$ _____	\$ _____
LESS: Housing Allowance <small>(Minister must complete Estimate of Housing Allowance and a resolution must be adopted by church)</small>	\$ _____	\$ _____
LESS: Accountable Reimbursements <small>(Minister must complete Accountable Reimbursement Plan Expense Form and a resolution must be adopted by church)</small>	\$ _____	\$ _____
LESS: Fringe Benefits <small>(Exclude Social Security and Medical Insurance Assistance on a non-group plan)</small>	\$ _____	\$ _____
Total Reportable Compensation	\$ _____	\$ _____
LESS: Retirement Plan Contributions (by Salary Reduction Agreement)	\$ _____	\$ _____
TAXABLE COMPENSATION (Reported in Box 1 on Form W-2)	\$ _____	\$ _____