

Kentucky Annual Conference 2017 Clergy Compensation Report

◆◆ Please refer to 2017 Clergy Compensation Form Instructions to complete Report ◆◆

A – Clergy/Church Information

1. Name:	4. District:
_____	_____
2. Conference Relationship Status:	5. Charge Name:
_____	_____
3. Appointment percentage: <input type="checkbox"/> Full <input type="checkbox"/> ¾ <input type="checkbox"/> ½ <input type="checkbox"/> ¼	6. Church Name:

	7. Church GCFA #:

B – Compensation

1. Cash Salary	\$ _____
2. Equitable Compensation	\$ _____
3. Self-Employment Tax (if paid by local church)	\$ _____
4. Other Income	\$ _____
5. Total Cash Salary (total of lines 1-4)	\$ _____

C-1 – Housing: Parsonage

1. Is the minister provided a parsonage? Yes No 2. If yes, does the minister live in the parsonage provided? Yes No

3. If the minister lives in the parsonage, calculate:

<input type="text"/>	x	<input type="text" value="0.25"/>	=	<input type="text"/>
Line B-6 (above)				Parsonage Equivalent

C-2 – Housing: Housing Allowance

1. Is the minister provided a **cash** housing allowance in lieu of a parsonage? Yes No If yes, enter amount: \$ _____

D – Health Insurance Allowance

1. Is the minister provided a health insurance allowance? Yes No If yes, enter amount: \$ _____

E – Calculate Total Plan Compensation (Pensionable Income)

<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
1. Total Cash Salary (Line B-5)		2. Parsonage Equivalent or Cash Housing Allowance		3. Total Plan Compensation

F – Housing Exclusion (required by the Wespeth Benefits & Investments)

1. IRC Section 107 Housing Exclusion:
*Amount that has been designated by the charge conference for housing expenses and expected to be excluded from federal income taxation. \$ _____

G – Signatures

Staff Parish Relations Chairperson _____	Date _____
Clergy _____	Date _____
District Superintendent _____	Date _____