

Date Effective: January 1, 2010	2010 Pastor's Support Worksheet HOLSTON CONFERENCE (Important instructions on back)	District: Oak Ridge
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Pastor:	Social Security #: _____	Please circle your status: FE FD PE PD OE OF FL AM AF OA SP Please Mark: [] Full Time [] 3/4 Time [] 1/2 Time [] 1/4 Time Education: MDiv Seminary College
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Church Names (Specify Location, example: First UMC, Servantsville)

Church A: _____ Church C: _____

Church B: _____ Church D: _____

BASE COMPENSATION (TAXABLE)					
	A	B	C	D	TOTAL
1. Local Church Salary (Gross - see instructions)				1.	
2. Conference Salary Supplement				2.	
3. Other Benefits Paid To/For the Pastor:					
a. Pastor's Personal Share (40%) of					
BC/BS Health Premiums \$					
b. Utilities \$					
c. Social Security \$					
d. Bonus/gifts \$					
e. Other (identify) \$					
Total Lines 3a - 3e \$				3.	
Total (All Lines 1-3e)					

REIMBURSABLE EXPENSES (NON-TAXABLE)					
5. Pastor's Continuing Education				5.	
6. Pastor's Annual Conf. Expense				6.	
7. Other Vouchered Travel and Professional Expense				7.	
Total (All Lines 5-7)					

BASE COMPENSATION and REIMBURSABLE EXPENSES					
Total (All Lines 1-7)					

HOUSING COMPENSATION					
10. Parsonage (multiply line 4 by 25%) OR				10.	
11. Cash Housing Allowance (Only if no parsonage)				11.	

PERSONAL INVESTMENT PLAN (UMPIP) & DEATH/DISABILITY (CPP)					
12. Pension Plan Comp: line 4 plus line 10 OR 11. This must be greater or equal to \$34,798 to qualify for CPP death/disability coverage				12.	
13. Pastor's Annual UMPIP Contribution. Multiply Line 12 by % amt (min.3%) & enter here (if tax deferred "403b" enter on Line 16)				13.	
14. Pastor's Monthly UMPIP Contribution: Line 13 divided by 12				14.	

INFORMATION FOR PAYROLL AND ACCOUNTING					
15. Housing Allowance Resolution (approved @ charge conference)				15.	
16. Tax Deferred Contributions to UMPIP (IRC 403(b))				16.	
17. Contributions to Medical Reimbursement Accounts & H.S.A.				17.	
18. Contributions to dependent (day) care reimburse. acct				18.	
19. Total for W-2: Line 4 plus line 11 less 15,16,17 & 18				19.	

SIGNATURES: We accept the above figures to be correct:

Pastor: _____	Date: _____
Charge PPR Chair: _____	Date: _____
_____	Date: _____
_____	Date: _____
Church Council Chair: _____	Date: _____
Church Treasurer: _____	Date: _____
District Superintendent: _____	Date: _____

I am ___ I am not ___ participating with my current appointment in the Conference health insurance program (you must have other creditable group coverage)
 I have family _____, employee +1 _____, or individual coverage _____

Worksheet should be completed by PPR Chair and Pastor
 Distribute finished copies: District Superintendent, Pastor, PPR Chair(s), Church Treasurer(s), Church Council Chair
 (District Superintendent forwards copy to Johnson City Satellite Office: ATTN: Kathy Parker)

