

Name of Church _____

Conference Code _____ Association Code _____ Church Number _____ Location _____

All items below should be computed on an annual basis.

Categories of ministers: **(A)** Pastor; **(B)** Co-pastor; **(C)** Associate/Assistant Pastor; **(D)** Other Ordained Minister
(Includes Supply/Interim/Ordained Minister of Music/Education, etc.)

MINISTER'S COMPENSATION: (Please check one.) **FULL-TIME** **PART-TIME**

Category of Minister:(Please check one.) (A) (B) (C) (D) (Please Specify) _____

A. CASH SALARY AND HOUSING

- 1. Cash salary (annual rate) \$ _____
 - 2. Additional amount paid by churches with which you may be yoked \$ _____
 - 3. If a parsonage is provided, enter estimated rental value \$ _____
Recommended: at least 30% of total of 1 & 2
 - 4. Rental Allowance if parsonage is not provided \$ _____
 - 5. Allowance for utilities: gas, electric, etc. \$ _____
- TOTAL CASH SALARY AND HOUSING** \$ _____

B. STANDARD BENEFITS

- 6. Social Security \$ _____
- 7. Paid by church toward Pension Fund dues \$ _____
- 8. Insurance (life, disability, medical, dental) \$ _____

C. ADDITIONAL EXPENSES

- 9. Other costs (books, continuing education, etc.) \$ _____
 - 10. Other business related expenses (car, etc.) \$ _____
- TOTAL FOR BENEFITS & ADDITIONAL EXPENSES** \$ _____
- TOTAL COST TO MAINTAIN YOUR MINISTER** \$ _____

MINISTER'S COMPENSATION: (Please check one.) **FULL-TIME** **PART-TIME**

Category of Minister:(Please check one.) (A) (B) (C) (D) (Please Specify) _____

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- TOTAL COST TO MAINTAIN YOUR MINISTER** \$ _____