

Charge Name: _____ Appointment # _____ District: _____
 Clergy Name: _____ Billable Church: _____ Number Churches: _____
 Clergy Address: _____ Birthdate: _____ SSN: _____
 Clergy Status: _____ Percentage: _____ Status Chg? _____ Effective: 01/01/21
 Year first appointed: _____

GBOP ID#	Local Churches on the Charge								CHARGE TOTALS	
	Percent of Charge Total									
Compensation (+)										
	Salary Paid by Local Church									1
	Salary Supplement									2
	Add Spouse/Family Insurance other than Conference Insurance Paid by Church									3
	Other Taxable Income from Worksheet (page 2)								\$ -	4
	*Total Compensation (Paragraph 247.13)									5
Deductions (-)										
	30% Health Insurance Premium Funded by CLERGY BEFORE TAX									6
	Personal Investment Plan Deducted from Comp. BEFORE TAX									7
	Cafeteria 125 Plan OR Medical Reimbursement Plan BEFORE TAX									8
	Housing Exclusion per IRS Code Section 107 (\$4,000 Conference recommendation)									9
	** Taxable Wages (Potentially Used on W-2)									10
	Personal Investment Plan Deducted from Comp. AFTER TAX									11
	Other After Tax Deductions									12
	***Net Income (Amount Paid to Pastor)									13

Non-Compensation Items Paid by the Local Churches										
	Church PIP Contribution									14
	30% Health Insurance Premium Funded by CHARGE									15
	Accountable Reimbursement and Continuing Education									16
	TOTAL APPOINTEE COST									17
	Parsonage / Utilities									18
	CRSP Defined Benefit									19
	With Parsonage (Line 5 x 1.25 x 14%)									19
	Without Parsonage (Line 5 + Housing Allowance x 14%)									19
	CRSP Defined Contribution									20
	With Parsonage (Line 5 x 1.25 x 3%)									20
	Without Parsonage (Line 5 + Housing Allowance x 3%)									20
	Comprehensive Protection Plan									21
	With Parsonage (Line 5 x 1.25 x 3%)									21
	Without Parsonage (Line 5 + Housing Allowance x 3%)									21
	70% Hospital Medical Insurance									22
	TOTAL CLERGY COST									23
	TOTAL CLERGY COST TO CHARGE (EXCLUDING SUPPLEMENT)									24

Pastor's Signature _____
 Secretary of the Charge Conference _____
 District Superintendent or Designated Elder _____
 Date of Charge Conference _____
 Church / Charge Treasurer _____
 SPRC Chairperson _____

Church Parsonage? _____
 Housing Allowance in lieu of parsonage
 \$ _____ (only if "no" above)

Check - If retired clergy scheduled To Work More Than 30 Hours

Previous Pastor's Name if Changed _____

OFFICE USE ONLY	
_____	Wespath
_____	Mod Bll
_____	Move List
_____	4-Digit Ins.
_____	Ded Code
_____	Virgin Pulse
Revised 7/22/2020	