

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								
<b>Compensation (+)</b>									
	Salary Paid by Local Church								1
	Salary Supplement								2
	Add Spouse/Family Insurance <b>other than Conference Insurance</b> Paid by Church								3
	Other Taxable Income from Worksheet (page 2)							\$ -	4
	<b>*Total Compensation (Paragraph 247.13)</b>								5
<b>Deductions (-)</b>									
	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
	<b>** Taxable Wages (Potentially Used on W-2)</b>								10
	Personal Investment Plan Deducted from Comp. AFTER TAX								11
	Other After Tax Deductions								12
	<b>***Net Income (Amount Paid to Pastor)</b>								13

<b>Non-Compensation Items Paid by the Local Churches</b>									
	Church PIP Contribution								14
	30% Health Insurance Premium Funded by CHARGE								15
	Accountable Reimbursement and Continuing Education								16
	<b>TOTAL APPOINTEE COST</b>								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
	<b>TOTAL CLERGY COST</b>								23
	<b>TOTAL CLERGY COST TO CHARGE (EXCLUDING SUPPLEMENT)</b>								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	