

**Western North Carolina Conference
United Methodist Church**

Clergy Plan Compensation

Clergy Name: _____

Charge/Church Name: _____

Status: FE PE PM FL LP AM SP OF FD PD

Time: Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$

1. Total Amount of Compensation (Total Journal Comp): \$ _____

2. Employee Benefits Plans and Salary Reduction Agreements less:

A. Salary Reduction for UMPI Pension (IRC 403b) \$ _____

B. Spouse/Family Health Benefits (IRC 125) \$ _____

C. Medical Reimbursement Election (IRC 125) \$ _____

D. Clergy Life Insurance (IRC 125) \$ _____

E. Other (IRC 125) \$ _____

F. Accountable Professional Expenses (IRC 162) \$ _____

G. Household Expenses Allowance (IRC 107) Clergy \$ _____

3. Federal Taxable Income _____ (Line 1 minus lines a-g)

4. Housing: (Select One)

A. Parsonage: yes or no (circle one, if applicable)

B. Housing in lieu of parsonage: _____

C. Neither: _____

5. Cash Salary: _____ (Line 1 minus 2F) (calculated by Conference)

6. Plan Compensation: _____ (calculated by Conference)

7. Clergy Signature: _____

Date: _____

**Please make a copy for your records and send the original to the Conference.*