

MINISTERIAL SUPPORT FORM

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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