

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) _____

A. CASH SALARY AND HOUSING

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TOTAL CASH SALARY AND HOUSING\$_____

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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\$_____