## **CLERGY SALARY AND ALLOWANCE FOR THE YEAR 2018**

|          | Clergy Name:   | Full Time             | Part Time |
|----------|--|-----------------------|-----------|
|          | Church Name:   | Rector                | Associate |
|          | Church City:   |                       |           |
| 1        | Cash Stipend (salary, bonuses, tuition paid for dependents, unaccountable travel,etc.) |                       |           |
| <u>'</u> |  |                       |           |
| 2        | Social Security reimbursement (Paid in addition to stipend)                            |                       |           |
| 3        | Utilities and Household Allowance (if living in a rectory)                             |                       |           |
| 4        | Total Cash Stipend-Subtotal of lines 1 through 3                                       |                       |           |
| 5        | Household expenses paid on behalf of the cleric to 3rd party(utilities etc.)           |                       |           |
| 6        |  |                       |           |
|          |  |                       |           |
| 7        | (a) Allowance Provided for Home Purchase or Rental (OR)                                |                       |           |
|          | b) Rectory Value (30% of line 6)(Calculation is for 403b purposes only)                |                       |           |
| 8        | Subtotal of line 6 plus 7a or 7b   |                       |           |
|          | ·  |                       |           |
|          | 9 Annuity or other tax-deferred plan   |                       |           |
| 10       | Total of lines 8 and 9   |                       |           |
| 11       | 1 403(b) Retirement Contribution (18% of line 10)                                      |                       |           |
| 12       | 2 Travel Allowance (accountable plan reimbursements)                                   |                       |           |
|          | 3 Continuing Education Allowance   |                       |           |
|          |  |                       |           |
| 14       | Medical Insurance, Net cost of Church's share  | e:<br>Bronze Plan     |           |
|          |  | 75.72                 |           |
|          |  | 79.84                 | +         |
|          | 1 1 1  | 617.12                |           |
|          | Employee/Family 14,079.84 19,113.72 17,9   | 902.08                |           |
|          | Tot  | al of lines 10 throug | ıh 14     |
|          | Less Line 7b if applicable   |                       |           |
|          | Net Cost to Budget   |                       |           |
|          |  |                       |           |
|          | Form Completed by: Pho   | one #:                |           |
|          | Date Completed:  |                       |           |
|          |  |                       |           |