Annual Reporting Form

2022 Terms of Call for Parish Clergy

Part A

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| 1. | Cash salary  Include all annual cash salary. Also include employee contributions to 403(b)(9) plans, tax-sheltered annuity plans, salary reduction contributions to flexible health spending accounts, and cafeteria plans. |  |  |
|  | * Salary * Employee retirement contributions |  | 1 |
| 2. | Housing allowance, utilities, and furnishings allowances |  | 2 |
| 3. | Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans and equity allowances  (Matching contributions to the Board’s Retirement Savings Plan should not be included.) |  | 3 |
| 4. | Bonus |  |  |
|  | * All unvouchered allowances * Gifts from employing organizations * Manse equity allowances and grants * Bonus (year paid      ) |  | 4 |
| 5. | SECA – Self Employment Contributions Act (For reimbursement **in excess** of 50% of the minister’s SECA tax obligation—for reimbursement up to 50%, use line 11 below.) |  | 5 |
| 6. | Other allowances  (including co-payment and medical expense reimbursement allowances)  Do not include expenses reimbursed through vouchers or Benefits Plan dues. |  | 6 |
| 7. | Manse amount  (must be at least 30% of Lines 1-6 for members residing in a manse) |  | 7 |
| 8. | **Total Annual Effective Salary** (total of Lines 1-7)  (must equal or exceed $61,000.00 for full-time calls) |  | 8 |

Part B-Additional information for Presbytery

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| 9. | Benefits Plan Dues (line 8 x 37%) |  | 9 |
| 10. | Accountable Reimbursements (vouchered)   * Continuing Education Reimbursements ($1,000 minimum) * Automobile Expenses * Professional Expenses * Other vouchered |  | 10 |
| 11. | SECA Allowance (**up to** 50% of estimated obligation) |  | 11 |
| 12. | Optional group plan for medical deductibles, coinsurance and dental |  | 12 |

Name of Clergy:

Church name:       Church Town:

Church membership as of Dec. 31, 2021:

Annual vacation (# weeks):       Annual study leave (# weeks):         
Annual holidays (# days):       Working units (or hours) per week:

Date of last sabbatical\*: Year sabbatical anticipated (after 6 years of continuous service in same church and every 6 years thereafter)

Name of person filling out form:

Email of person filling out form:       Date:

\*Does not apply to interim positions