

# DAKOTAS ANNUAL CONFERENCE

## 2012 CLERGY COMPENSATION FORM

<b>Parish:</b>		<b>Pastor:</b>	
<b>Cell #:</b>		<b>Email:</b>	
<b>Effective Date:</b>		<b>Status:</b>	

*Minimum Compensation: Full Connection - \$37,153; Less than Full Connection - \$35,438*

### SECTION I: INCOME

**Percent paid by each congregation in the parish:**

	Church #1	Church #2	Church #3	Church #4
			<b>2011</b>	<b>2012</b>
<b>A. Base Salary</b> .....			_____	_____
<b>B. Other</b> (e.g. social security allowance) .....			_____	_____
Describe:				
<b>C. Total Compensation</b> (Add lines A and B) .....			_____	_____
<b>D. Housing Exclusion/Allowance Designation</b> .....			_____	_____

### SECTION II: SALARY REDUCTIONS

*(The amounts listed in this section must be withheld from the pastor's Base Salary and remitted monthly. These are subject to a salary reduction agreement.)*

	2011	2012
<b>REMIT TO:</b> DAKOTAS CONFERENCE PO BOX 460 MITCHELL, SD 57301		
<b>HealthFlex Pastor's Share</b> (Tax Exempt) .....	_____	_____
<b>Medical Reimbursement Account</b> (Tax Exempt) ....	_____	_____
<b>Dependent Care Account</b> (Tax Exempt) .....	_____	_____

<b>REMIT TO:</b> GENERAL BOARD OF PENSION PO BOX 5184 CAROL STREAM, IL 60197-5184		
<b>Pastor's Contribution to UMPIP (Pastor's Personal Investment Plan)</b> (Before-Tax/Tax Deferred) .....	_____	_____
<b>Pastor's Contribution to UMPIP</b> (After-Tax/Taxable) .....	_____	_____

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### SECTION III: HOUSING

Is a Parsonage provided? .....

	2011	2012
Amount of Cash Allowance (when a parsonage is not provided) .....		

### SECTION IV: LOCAL PARISH EXPENSES

	2011	2012
<b>A. Parish's Contribution to UMPIP</b> (paid to Conference) .		
<b>B. Direct Bill for HealthFlex</b> (paid to Conference).....		
<b>C. Parsonage Utilities</b> .....		
<b>D. Accountable Reimbursement Plan</b> (mileage reimbursed at IRS rate; commuting miles not reimbursable) .....		
<b>E. Other Expenses Paid by Parish</b> .....		
Describe:		
<b>F. Total Expenses Paid by Parish</b> (Add lines A – E) .....		

### SECTION V: SIGNATURES

<b>PASTOR</b>	<b>Date</b>
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<b>PASTOR/STAFF/PARISH CHAIRPERSON</b>	<b>Date</b>
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<b>DISTRICT SUPERINTENDENT or PRESIDING ELDER</b>	<b>Date</b>
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*Submit a copy of this form to the Church/Parish Treasurer(s)*