

**Alabama-West Florida Conference**  
**CHURCH PASTOR COMPENSATION REPORT FORM**  
**PENSION PLAN COMPENSATION**

Name of Pastor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Charge: \_\_\_\_\_ Church Number: \_\_\_\_\_

Compensation effective dates: \_\_\_\_\_  
(For pension purposes, compensation dates should be a 12-month period, even if a change is expected)

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1. **COMPENSATION INFORMATION**

**Salary paid by church.**

Cash paid to clergy by church/charge and/or conference. This amount includes base pay equitable compensation and non-accountable allowances paid. This amount is before any voluntary employee reductions, such as pension/retirement deductions 403(b) plans and written cafeteria plan deductions \_\_\_\_\_

**Utilities or Parsonage Exclusion.**

Do not include any amount if housing allowance in lieu of parsonage is provided \_\_\_\_\_

**Total Plan Compensation**

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2. **HOUSING INFORMATION**

**Parsonage**

Check here if a parsonage is provided to the pastor.

**Housing Allowance**

Paid to pastor instead of parsonage under section 107 of the Internal Revenue Code. \_\_\_\_\_

**SIGNATURES**

Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

SPRC Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Church Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

**Alabama-West Florida Conference**  
**CHURCH PASTOR COMPENSATION REPORT FORM**  
**Non-PENSION PLAN COMPENSATION**

Name of Pastor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Charge: \_\_\_\_\_ Church Number: \_\_\_\_\_

Compensation effective dates: \_\_\_\_\_  
(For pension purposes, compensation dates should be a 12-month period, even if a change is expected)

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2. **COMPENSATION INFORMATION**

**Salary paid by church.**

Cash paid to clergy by church/charge and/or conference. This amount includes base pay equitable compensation and non-accountable allowances paid. This amount is before any voluntary employee reductions, such as pension/retirement deductions 403(b) plans and written cafeteria plan deductions \_\_\_\_\_

**Utilities or Parsonage Exclusion.**

Do not include any amount if housing allowance in lieu of parsonage is provided \_\_\_\_\_

**Travel Allowance or Travel Reimbursement** \_\_\_\_\_

**Total Compensation**  

Amount of Equitable Compensation, included in total Compensation, paid by The Annual Conference. \_\_\_\_\_

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2. **HOUSING INFORMATION**

**Parsonage** Check here if a parsonage is provided to the pastor.

**Housing Allowance**

Paid to pastor instead of parsonage under section 107 of the Internal Revenue Code \_\_\_\_\_

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**SIGNATURES**

Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

SPRC Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Church Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_