

## COVENANT PENSION PLAN ANNUAL PASTOR'S SALARY REPORT

PARTICIPANT: (NAME & ADDRESS)

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SOC. SEC. NO.

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EMPLOYER: (NAME & ADDRESS)

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### INSTRUCTIONS

1. Report all amounts on an annual basis.
2. F.I.C.A. should be reported as a dollar amount. (Not ½ or all)
3. Do not report amounts paid for Covenant pension
4. When pastor serves 2 churches, each church reports their share of compensation individually.

### **GENERAL INFORMATION**

DATE EFFECTIVE

- |            |    |                          |                          |
|------------|----|--------------------------|--------------------------|
| 1) SERVICE | 1. | <input type="checkbox"/> | NO ELIGIBLE PARTICIPANT  |
|            | 2. | <input type="checkbox"/> | ABOVE NO LONGER EMPLOYED |
|            | 3. | <input type="checkbox"/> | ABOVE EMPLOYED PART TIME |
|            | 4. | <input type="checkbox"/> | ABOVE EMPLOYED FULL TIME |

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*If you have written in a new name above, give effective date*

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|--------------------------|----|--------------------------|-----|--------------|--|
| 2) SERVICE TWO CHURCHES? | 1. | <input type="checkbox"/> | YES | OTHER CHURCH | <input style="width: 95%;" type="text"/> |
|                          | 2. | <input type="checkbox"/> | NO  |              |  |

*If yes, report only your church's share of compensation below.*

### **CONSIDERED COMPENSATION FOR PENSION BILLING**

- |                       |  |  |  |  |   |
|-----------------------|--|--|--|--|---|
| 3) ANNUAL BASE SALARY | <input style="width: 95%;" type="text"/> | \$                                       | <input style="width: 95%;" type="text"/>   | .00  | (Excluding housing)                             |
| 4) PARSONAGE PROVIDED | 1.                                       | <input type="checkbox"/>                 | YES If Yes, Pension Plan will add the greater of \$4,200.00 or 33% of Base Salary. |  |   |
|                       | 2.                                       | <input type="checkbox"/>                 | NO   | If No, give housing allowance amount:              | \$ <input style="width: 95%;" type="text"/> .00 |
| 5) F.I.C.A.           | \$                                       | <input style="width: 95%;" type="text"/> | .00  | 7) OTHER   | \$ <input style="width: 95%;" type="text"/> .00 |
| 6) ANNUITY:           | \$                                       | <input style="width: 95%;" type="text"/> | .00  | (Do not report amounts paid for Covenant Pension.) |   |

### **BUSINESS EXPENSES**

- |                       |    |  |     |                   |   |
|-----------------------|----|--|-----|-------------------|---|
| 8) AUTO PROVIDED      | 1. | <input type="checkbox"/>                 | YES | 9) AUTO ALLOWANCE | \$ <input style="width: 95%;" type="text"/> .00 |
|                       | 2. | <input type="checkbox"/>                 | NO  |                   |   |
| 10) HEALTH INSURANCE: | \$ | <input style="width: 95%;" type="text"/> | .00 |                   |   |
| 11) OTHER:            | \$ | <input style="width: 95%;" type="text"/> | .00 | SPECIFY:          | <input style="width: 95%;" type="text"/>        |

PASTOR'S SIGNATURE	DATE
TREASURER'S SIGNATURE	DATE