

NORTHWEST TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH Instructions for Completing the 2024 Pastor Compensation Form

PLEASE NOTE:

You must complete the Pastor Compensation Form using Microsoft Excel. IF you cannot use the Excel version please contact your District Office for assistance in filling out your compensation form. (abilenedistrict.com)

GETTING STARTED

- ✓ **This form is for a PASTORAL CHARGE.**
 - In the case of single church appointments, the church and the charge are one-in-the-same.
 - However, if the appointment is for a charge consisting of multiple churches, then this form should report the **TOTAL COMPENSATION for the CHARGE** on page 1. Use page 3 to split the various elements of the compensation package between the churches.
- ✓ **Enter the name of the charge and the complete name of the pastor** in the appropriate cells at the very top of page 1 (line 1, columns D and H). The effective date is presumed to be 1/1/2023.
- ✓ You must complete the **CHARGE TYPE (line 4, column C), APPT % (line 4, column H) and CONFERENCE RELATIONSHIP (line 4, column K) before proceeding**. These boxes are populated from the selections found drop-down menus within each box. Click on each box to access the drop-down arrow.
- ✓ Compensation is reported on a calendar year basis and the Compensation Form must reflect a full twelve (12) months of compensation even if a specific pastor might be serving less than the full 12 months of the calendar year.
- ✓ **Make entries in the light gray-shaded boxes only**. The worksheet is protected to prevent inadvertent overwriting of formulas.
- ✓ Completing the Compensation Form:
 - **Save a copy** on your computer
 - **Print the form and sign it** on the line indicated on page 2
 - **Have the SPRC Chair and the Treasurer sign the form** on page 2 in the spaces indicated
 - **Give the form to the District Superintendent** for his/her signature.
 - **The District Superintendent will scan the compensation form** in pdf format and send it to the Conference benefits office for processing.
 - Copies of the compensation report should be retained by the district superintendent, by the pastor, by the Charge Conference, by the SPRC of each church in the Charge and by the Church Treasurer(s).
- ✓ **A copy of the Resolutions must accompany the Compensation Form**
- ✓ **Changes:**

- **Any changes in the compensation report, other than changes to the Deductions (lines 5a through 8 on page 1) must be approved by a church or charge conference and reported to the Conference Benefits Officer by the District Superintendent.**
 - **The Internal Revenue Service and/or HealthFlex limit changes in some compensation elements (e.g. Flexible Spending Account, Health Insurance changes) to “life events” (new [appointment in another Conference], marriage, divorce, death, birth). Lacking a life event, changes in benefits can only be made during open enrollment periods.**
-

DETAIL INSTRUCTIONS:

CHARGE TYPE, APPT % & CONFERENCE RELATIONSHIP (Line 4, columns C, H & K)

CHARGE TYPE:	MF=multiple charge full-time; pgs 1-3 MP=multiple charge part-time; pgs 1-3 1&2 only	S=Single charge; pgs 1-3	APPT % - Select from drop-down list	CONFERENCE RELATIONSHIP -Select from drop-down list
---------------------	--	--------------------------	--	--

Charge Type must be entered in the lightly shaded box at the top left of the form below the Church/Charge information. **The only permissible entries are in the drop-down menu:**

- MF = multiple (2 or more churches) served by a Full-Time clergy person
- MP = multiple (2 or more churches) served by a Part-Time clergy person
- S = single church charge

The Appt % must be entered in the red-shaded box in the center of the form just under the Pastor's name. **The only permissible entries are in the drop-down menu:**

- 25%
- 50%
- 75%
- 100%

The Conference Relationship must be entered in the blue-shaded box at the top right of the form just under the Effective Date. **The only permissible entries are in the drop-down menu.** When you click on the correct entry in the drop-down menu that relationship will be entered into the box.

Leaving any of these boxes blank will result in an error.

HOUSING SECTION (Cells D6 & D7)

Housing	Error	Parsonage Provided?
	OK	Amount of housing allowance IF parsonage not provided

On the line titled, "Parsonage Provided," choose "Y" from the drop-down menu if a parsonage is provided or choose "N" from the dropdown menu if a parsonage is not provided.

ONLY if no parsonage is provided enter the total annual amount of the pastor's Housing Allowance on the line titled, "Housing Allowance," Remember this figure is subject to IRS limitations. If you input "N" on the previous line indicating No Parsonage is provided but do not insert an amount for a

HOUSING ALLOWANCE in this box, a “REVIEW” message will appear prompting you to make sure that you have completed these boxes correctly.

PAYMENT SECTION - Boxes 1, 2 & 3 (Cells D8, D9 & D10)

Payment	1		Church Contribution to Pastor Compensation
	2		Equitable Compensation
	3	0.00	Cash Allowances - <i>From Worksheet 1, p2.</i>
	4	0.00	TOTAL OR GROSS CASH PAYMENT - Add Lines 1-3

- Remember, if “MF” or “MP” was entered in the CHARGE TYPE box, this section reports the TOTAL PAYMENTS from all churches included in the Charge.

Page 1, Line 1 – Church Contribution to Pastor’s Compensation. This is the amount that the local church(es) contributes to the Pastor’s compensation (less Equitable Compensation contributions and Cash Allowances).

- For multiple-point charges, enter the total compensation in this line and then, on page 3, break that total (which carries over to page 3 automatically) into the contributions of the individual churches.

Page 1, Line 2 – Equitable Compensation. This is the amount that is contributed by Equitable Compensation and is contingent upon approval by the Commission on Equitable Compensation.

Page 1, Line 3 – Non-Accountable Plans (Cash Allowances). Use Worksheet 1.

- ✓ If the pastor lives in a parsonage but elects a Housing Exclusion Allowance, **a copy of the Housing Resolution Document must be included with the Compensation Form.**
- ✓ The total from Worksheet 1, Line F (page 2 of the Compensation Form) will be computed automatically and will transfer to page one of the compensation form. All Cash Allowances, other than the Housing Exclusion, will be reported as taxable compensation on Form W-2. Housing allowances and Housing Exclusions are reported in Box 14 of Form W-2.

WORKSHEET 1 - CASH ALLOWANCES (Cells D43 – D47)

WORKSHEET 1 CASH ALLOWANCES NON ACCOUNTABLE PLAN - TAXABLE COMPENSATION			
Cash provided up front to the pastor and is not vouchered. THIS IS CONSIDERED TAXABLE COMPENSATION. The Housing Exclusion (line C.) is taxable only for Self-Employment tax.			
	A.		Cash provided for insurance premiums
	B.		Out-of-pocket business expense
	C.		Housing Exclusion - RESOLUTION DOCUMENT MUST BE INCLUDED W/COMP FORM.
	D.		Other (give description)
	E.		Other (give description)
	F.	0.00	TOTAL CASH ALLOWANCES - Total of lines A-E - Flows to LINE 3 on page 1

Worksheet 1 is provided as documentation for Cash Allowances. With the exception of the Housing Exclusion (Line C., Cell D45), cash allowances are reported as taxable income. Since unreimbursed employee business expenses can no longer be deducted as an itemized deduction, **using cash allowances will increase your tax liability.**

If you choose to proceed anyway, cash allowances might include the following items:

Page 2, Worksheet 1, Line A – Cash provided for insurance premiums – any cash paid directly to the pastor or to be used in payment of premiums related to health insurance should be included on this line.

IT IS NO LONGER PERMISSIBLE FOR A CHURCH TO PAY THE PREMIUMS FOR A HEALTH INSURANCE PLAN OBTAINED BY AN INDIVIDUAL UNLESS THEY HAVE ADOPTED A QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENT (QSEHRA). ANY OTHER PAYMENT ARRANGEMENTS CONSTITUTE TAXABLE COMPENSATION.

Page 2, Worksheet 1, Line B – Out-of-pocket business expenses – any cash paid to the pastor in anticipation of

- travel expenses,
- mileage for business use of personal auto,
- continuing education,
- meals and lodging,
- registration fees, dues and subscriptions

for which the pastor is **not required** to provide a receipt or voucher, should be included on this line.

Page 2, Worksheet 1, Line C – Housing Exclusion Expenses – This includes such expenses as utilities, insurance, cable, internet, supplies and maintenance which are paid by the pastor and not paid by the church **if a parsonage is provided**. **A resolution is required for this exclusion and should be attached to the compensation form. This should only be used if a parsonage is provided. If a parsonage is not provided these expenses should be included in the Housing Allowance on page 1 (Cell D7).**

Page 2, Worksheet 1, Lines D and E –Other – any other cash payments made to the pastor in anticipation of expenses can be separately noted on these lines. They are provided as an aid and are not required.

Page 2, Worksheet 1, Line F – Total Cash Allowances. Lines A through E automatically total to line F and are carried over automatically to Line 3 on Page 1.

Page 1, Line 4 – Total or Gross Cash Compensation. This amount is the total of lines 1, 2 & 3 and is computed automatically.

DEDUCTIONS SECTION (Lines 5a – 10, Cells D12 – D21)

To complete this section, you will need your Annual Elections from your HealthFlex Open Enrollment (OE). OE usually takes place in early November. If the Charge Conference at which the pastor’s compensation is approved occurs prior to OE, lines 5a, 5b and 6 in this section cannot be completed accurately. As previously noted, any changes in the Deductions (lines 5a through 8 on page 1) DO NOT need to be approved by a church/charge conference.

The Conference Benefits Office will have access to each pastor’s Annual Elections and will bill the church accordingly in early January. The payroll processor for each church should review the January Benefits bill and make sure the proper amounts are being withheld from the pastor’s salary.

Lines 7 and 8 (Cells D16 – D19) can and should be completed, however. It is important that the pastor’s UMPIP contribution be at least the amount computed on line 7a to receive the full match of the church’s contribution to CRSP-DC (see below).

Deductions	5a		Contribution to Health Insurance Cost Please refer to HealthFlex Annual Election.			
	5b		Contribution to Health Savings Account (HSA) Please refer to HealthFlex Annual Election.			
	6		Flexible Spending Account Please refer to HealthFlex Annual Election.			
	Error		Flexible Spending Plan through Conference? You must enter "Y" for Yes or "N" for No			
	7		UMPIP Contribution - SEE CALCULATION BELOW FOR MINIMUM 1% CONTRIBUTION AMOUNT.			
	7a		Parsonage	\$0.00	No Parsonage	\$0.00
	Error		UMPIP Contribution tax-deferred?			
	8		403(b) Contribution to Other than UMPIP			
	9	0.00	Total Payroll Deductions - Add lines 5-8			
	10	0.00	Net Compensation - Subtract Line 9 from Line 4			

Lines 5-8 on Page 1 are payroll deductions that need to be recorded but have no effect on the pastor’s compensation. **Resolutions may be required for these items.**

Page 1, Line 5a – Contribution to Health Insurance Cost. This is an after tax deduction from the pastor’s payroll. Information for this line comes from the summary of the **Annual Election** choices made during open enrollment in November.

For example, if the pastor chooses health insurance coverage (e.g. health, vision, dental) that costs more than the defined contribution amount allowed, then the pastor will have a payroll deduction equal to the difference between the annual premium cost and the annual defined benefit allowance. This amount is computed on the Annual Election (AE). This amount can be determined from the summary report received when the participant makes their annual election. Any questions should be directed to the conference benefits office.

Page 1, Line 5b – Contribution to Health Savings Account (HSA). If a pastor enrolls in an “H” plan, i.e. a high-deductible health insurance plan through the HealthFlex Exchange, they may be eligible to make personal contributions to their Health Savings Account (HSA) that accompanies these plans.

There are IRS rules limiting the amount that can be contributed as well as the use of a Medical Reimbursement Account (MRA) – see line 6 below - with an HSA. **Therefore, it is recommended that a pastor considering making a personal contribution to a HealthFlex HSA consult with their tax advisor and coordinate with the Conference benefits office.** This amount is shown on the Annual Election.

Page 1, Line 6 – Flexible Spending Account. There are two types of Flexible Spending Accounts: 1) a Dependent Care Account, and 2) a Medical Reimbursement Account (MRA). This is a Flexible Spending (Cafeteria) Plan that the employer (church) sets up following strict IRS Rules. The IRS determines the maximum amount that can be contributed prior to open enrollment/annual election.

This must be an IRS qualified plan and may not be an informal agreement with the church. It is a before tax payroll deduction which is **elected annually during HealthFlex open enrollment.**

In the box below line 6 click “Y” for yes if this plan is through the Conference (on behalf of Wespath Benefits and Investments) or “N” for no if it is not. **If you are not using the HealthFlex cafeteria plan (aka Dependent Care Account or Medical Reimbursement Plan), then your employer must have a written document that contains the information in Proposed Treasury Reg. 1.125-1.**

Page 1, Line 7 – UMPIP Contribution. This is the dollar amount that the Pastor contributes to his/her United Methodist Personal Investment Plan. **This line should reflect the total dollar amount for the entire year (12months).**

- ✓ **The defined contribution component of the Clergy Retirement Security Plan (CRSP-DC) require a pastor to contribute at least 1% of the “plan compensation” to UMPIP to get the matching 1% CRSP-DC contribution from the church.** The “plan compensation” is the cash compensation on line 4 PLUS 25% of line 4 if a parsonage is provided, or line 4 PLUS the housing allowance from the second box at the top of the form if a parsonage is not provided.

Page 1, Line 7a – The minimum 1% UMPIP contribution is calculated for you.

If a parsonage is provided (“Y” in Parsonage Provided in Housing Section of the form) then you can enter, *as a minimum*, the amount computed shown in the Parsonage Provided box.

If a parsonage is not provided (“N” in Parsonage Provided in Housing Section of the form and a dollar amount of Housing Allowance is entered in the Housing Allowance box) then you can enter, *as a minimum*, the amount computed shown in the No Parsonage box.

Please Note: If the church has not already done so, it must adopt the United Methodist Personal Investment Plan (UMPIP) as a plan sponsor and submit this adoption agreement (on forms available from WESPATH or the Conference) to Wespath. If the pastor has not previously been contributing to UMPIP, he/she must submit to WESPATH a Before-Tax and After-Tax Contributions Agreement and an Enrollment Form (these forms are available from the Northwest Texas Conference).

UMPIP Contribution Tax Deferred? In the box below line 7a, please use the drop-down box to Click on “Y” if this is a tax-deferred plan, “N” if it is not a tax-deferred plan or “R” if it is a Roth contribution.

Page 1, Line 8 – 403(b) Contribution to Other than UMPIP. This is a contribution to another church plan/IRA held with a bank or investment firm. **There must be a voluntary compensation reduction agreement on file with the church and you may elect it to be tax deferred.**

Page 1, Line 9 – Total Payroll Deductions. The form calculates this automatically.

Page 1, Line 10 – Net Compensation. (line 4 minus line 9). This is totaled automatically.

BASIS FOR APPOINTMENT SECTION (Lines 11 – 13, Cells D22 – D24) All lines in this section are computed automatically and cannot be entered manually.

Basis for	11	0.00	TOTAL CASH COMPENSATION - From Line 4
Appointment	12	0.00	Accountable Reimbursement - From <u>worksheet 2</u> . REIMBURSEMENT POLICY MUST BE INCLUDED W/COMP FORM.
	13	0.00	TOTAL BASIS FOR APPOINTMENT - Add Lines 11 and 12

Page 1, Line 11 – Total Cash Compensation. Automatically entered from Line 4.

Page 1, Line 12 – Accountable Reimbursement. Accountable reimbursement come from Worksheet 2 on Page 2. **A copy of the Accountable Reimbursement Policy must accompany the Compensation Form.**

Accountable plan reimbursements are non-taxable. Reimbursements are made only for documented (vouchered) expenses, i.e. receipts are required, and must be incurred in the normal course of your job as pastor. In many churches the amount entered here reflects the maximum amount for which receipts may be submitted.

This DOES NOT include parsonage expenses such housing-related expenses such as utilities, insurance, cable, internet, supplies and maintenance which are paid by the pastor and not paid by the church. These are entered on Worksheet 1, Housing Exclusion.

WORKSHEET 2 – ACCCOUNTABLE REIMBURSEMENT PLAN (Page 2, Lines A. – F., Cells D53 – D57)

WORKSHEET 2					
ACCOUNTABLE REIMBURSEMENT PLAN - NON-TAXABLE					
This is vouchered and receipts are required for reimbursement. This represents the maximum available for reimbursement					
	A.		Out-of-pocket business expense. Enter total here or use table below as an aid.		
	B.	0.00		Enter Amt	
	C.	0.00		in Boxes	
	D.	0.00		at Right	
	E.	0.00	TOTAL ACCOUNTABLE REIMBURSEMENTS - Total of lines A-D - FLOWS TO LINE 12 OF COMPENSATION FORM		

Worksheet 2 is used to assist in computing the Accountable Reimbursement amount on Line 12 of Page 1. **A copy of the Accountable Reimbursement Policy and Resolution Document must be included with the Compensation Form.**

- In general, no more than 50% of the total amount of accountable reimbursements - except for Annual Conference expense - should be paid by the end of the month of June when a pastoral change may take place. This insures the ability of a new pastor to access the fair amount of these funds should a change in appointment take place.

Page 2, Worksheet 2, Line A – Out-of-pocket business expense. Examples of reimbursable business expenses are:

- Business use of personal auto. The current IRS rate can be found at: <https://www.irs.gov> .
- Lodging
- Business-related meals and incidentals
- Continuing education
- Travel expenses
- Registration, dues and subscriptions

Page 2, Worksheet 2, Line B - D – Out-of-pocket business expenses. The total amount (or any part thereof) can be entered on Line A, or you can use Lines B through D as an aid. The dropdown boxes contain common categories of business expenses.

Page 2, Worksheet 2, Line E - The total from Worksheet 2, Line E will be computed automatically and entered on Line 12 of page one of the compensation form.

Page 1, Line 13 – Total Basis for Appointment. *Total of lines 11 & 12.* This amount is computed automatically.

BENEFITS SECTION*(Lines 14 – 20, Cells D25 – D33)

Benefits	14	0.00	Conference Health Insurance Billed to Local Church (see line 5 for clergy contribution)			
	15a	N/A	If Charge Type = MF Indicate % of Health Insurance Billed to Church 1			OK
	15b	N/A	If Charge Type = MF Indicate % of Health Insurance Billed to Church 2			
	15c	N/A	If Charge Type = MF Indicate % of Health Insurance Billed to Church 3			
	16		Utilities - Amount of Utilities Paid if not All			
	17	0.00	Estimate of Comprehensive Protection Plan (CPP) - 100% Appointments only.			
	18		Parsonage Provided	\$0.00	No Parsonage	\$0.00
	19	0.00	Estimate of Clergy Retirement Security Plan (CRSP) - 50% or Greater Appointments.			
	20		Parsonage Provided	\$0.00	No Parsonage	\$0.00

Page 1, Line 14 – Conference Health Insurance Billed to Local Church – If the pastor is Full-Time (Charge appointment percentage equals 100%), then the Charge is billed \$1,540 per month in 2021, or \$18,480 per year. If the pastor serves less than a full-time appointment, then no health insurance is provided through the Conference.

Page 1, Lines 15a – 15c - % of Health Insurance Billed - If this Compensation Form is for a full-time pastor at a multiple-point charge (as determined by “MF” entered in the CHARGE TYPE box at the top of the form), then you will be further prompted to enter the **PERCENTAGE of the Health Insurance to be billed to each Church** (names of churches are designated on Page 3) in the shaded boxes toward the right margin on Lines 15a – 15c.

Page 1, Line 16 – Utilities – If all utilities for parsonage are not paid by the church, enter amount paid.

Page 1, Lines 17 – Estimate of Comprehensive Protection Plan (CPP) 100% Appointments only –To assist the church in budgeting, the amounts from boxes on Line 18 - Parsonage provided or No Parsonage provided will be inserted automatically by Excel based upon the entry at the top of the form – “Y” for parsonage, “N” for no parsonage.

Page 1, Line 18 – These calculations are done for you.

Page 1, Line 19 – Estimate of Clergy Retirement Security Program (CRSP) – 50% or Greater Appointments. To assist the church in budgeting, the amount from Line 20 - Parsonage provided or No Parsonage provided will be inserted automatically based upon the entry at the top of the form – “Y” for parsonage, “N” for no parsonage.

Line 20 – These calculations are done for you.

SIGNATURES and DATE (Page 2)

The compensation report is considered invalid unless executed by all of the individuals indicated in this section of the compensation report. Therefore, please have each individual sign and date the compensation report on the appropriate line.

When all of the local church officials and the pastor have signed and dated the form, please give the form to your District Superintendent for signature.

The District Superintendent will provide a pdf copy of the signed compensation form to the Conference Benefits office.

CHARGE INFORMATION SHEET (Page 3, Cells C84 – E104)

CHARGE INFORMATION SHEET - When Pastors Serve More Than One Church					
Grand Total Compensation Summary For the Charge For 2021					
Church/Charge:		0		Pastor: 0	
Name of Church 1					
Name of Church 2					
Name of Church 3					
	Church 1	Church 2	Church 3	Total Church 1, Church 2 and Church 3	
	\$ Paid	\$ Paid	\$ Paid		
1				Housing Allowance P1	- OK
2				Church Contribution to Pastor's Compensation P1, Line 1	- OK
3				Equitable Compensation	- OK

If the Compensation Form is for a multiple point charge, then the Charge Information Sheet on page 3 must be completed.

Enter the name of each church on the respective line at the top of the page (Cells F78 – F80).

The amounts from Page 1 of the Compensation Form carry over automatically to the Total Church 1, 2 and Church 3 Column – gray-shaded column on the far right of page 3.

If the Charge Type entered in the box on page 1 is other than “S” for Single, you must divide each item of compensation between Church 1, Church 2 and Church 3 . If the sum of the amount entered for Churches 1, 2 and 3, if applicable, do not equal the total amount that automatically carries forward from page 1, an error message will result.

MINIMUM COMPENSATION

Please note the following compensation (Total Basis For Appointment, Page 1, Line 13) minimums that have been mandated by the Annual Conference for 2023:

\$38,215 - Full Connection (Elders, Permanent Deacons) and Provisional Members

\$35,274 – Associate Conference Members

\$31,822 – Full-Time Local Pastors

IF YOU HAVE QUESTIONS

Do you have questions? Contact Dave Andersen (andersen@nwtxconf.org / 806-762-0201 X103) or Janie Davis (davis@nwtxconf.org / 806-762-0201 X107) or your District Office (paula@abilenedistrict.com / 325-704-3135)