

**Michigan Conference of The United Methodist Church
2019 District Superintendent Assignment Recommendation Report**

DSA _____

District _____

Church/Charge _____

District Superintendent Assignment

Please check all boxes that apply below with an "x".

Full time 3/4 time 1/2 time 1/4 time

Eligible for Conf Health Ins Yes No

Conference Subscriber Dependent Non-Conf

Parsonage None

Health Insurance Enrollment

Housing

2019 Salary

| DSA Compensation | | Church 1 | Church 2 | Church 3 | Total |
|--|--|----------|----------|----------|-------|
| 1 | Cash Salary | | | | |
| 2 | Health Care Compensation if pd by Church (NON-Conf plans only) | | | | |
| 3 | Other taxable wages (Equitable Salary, Allowances, Grants, etc.) | | | | |
| 4 | Subtotal Cash Compensation (Add Lines 1-3) | | | | |
| 5 | DSA's Conf Health Insurance Contribution (if paid by the church) | | | | |
| 6 | Total Cash Compensation (Add Lines 4 and 5) | | | | |
| Salary Reduction (Before Tax) Items | | Church 1 | Church 2 | Church 3 | Total |
| 7 | DSA's Before-tax Contribution to UMPIP Pension Plan | | | | |
| 8 | DSA's Contribution to Health Insurance Premium (Conference Plan only) | | | | |
| 9 | Medical Reimbursement Account (FSA Plan) see restrictions on instruction form | | | | |
| 10 | Other Pre-tax Items (Describe _____) | | | | |
| 11 | Total Salary Reduction Items (Add Lines 7-10) | | | | |
| Salary Reportable to IRS | | Church 1 | Church 2 | Church 3 | Total |
| 12 | Total Cash Compensation (Line 6) | | | | |
| 13 | Household Furnishings Allowance (Exclusion to Income) | | | | |
| 14 | Salary Reduction Items (Line 11) | | | | |
| 15 | Salary Reportable on W-2 (Line 12 minus Line 13 minus Line 14) | | | | |
| Church Treasurer's Calculation for Payroll | | Church 1 | Church 2 | Church 3 | Total |
| 16 | Total Cash Compensation (Line 6) | | | | |
| 17 | Housing Allowance (In lieu of parsonage; Exclusion to income) | | | | |
| 18 | Subtotal (Line 16 plus Line 17) | | | | |
| 19 | Salary Reduction Items (Line 11) | | | | |
| 20 | Other authorized after-tax withholdings (i.e. Roth/after-tax pension withholding) | | | | |
| 21 | Total Cash to be paid annually (line 18 minus line 19 minus line 20) | | | | |
| 22 | Wage Per Pay (Divide line 21 by the number of paydates in the year i.e. 12, 24, 26) | | | | |
| Compensation base for retirement plan contributions & Benefits Ministry Shares | | Church 1 | Church 2 | Church 3 | Total |
| 23 | Total Cash Compensation (Line 6) | | | | |
| 24 | If a parsonage is provided, enter 25% of Line 23 as Parsonage value... OR | | | | |
| 25 | Housing Allowance (Line 17) | | | | |
| 26 | Compensation base for ret. plans and Benefits Ministry Shares (add lines 23-25) | | | | |
| Church Ministry Expenses related to DSA Compensation/Benefits | | Church 1 | Church 2 | Church 3 | Total |
| 27 | Benefits Ministry Shares (5% of line 26) | | | | |
| 28 | Health Care Plan (Conference Plan only) | | | | |
| 29 | Waiver Contribution for eligible DSA electing alternate health insurance | | | | |
| 30 | Parsonage Utilities | | | | |
| 31 | Housing Allowance (Line 17) | | | | |
| 32 | Professional Accountable Reimbursement Plan | | | | |
| 33 | Travel Vouchered at IRS Rate (if not included in Line 32) | | | | |
| 34 | Continuing Education Fund (if not included in Line 32) | | | | |
| 35 | Annual Conference Expenses (if not included in Line 32) | | | | |
| 36 | FICA 7.65% of Line 15 | | | | |
| 37 | Total Benefits Costs (Add Lines 27-36) | | | | |

The above compensation amounts are used to determine DSA salary and benefits contributions.
Our signatures affirm all amounts have been reviewed and are accurate to the best of our knowledge.

Signatures

Date: _____

S/PPRC Chair or Administrative Board/Church Council Chair

Treasurer or Finance Director

District Superintendent Assignment

District Superintendent