

2020 Clergy Compensation Recommendation Report  
Instructions for calculation of clergy compensation/benefits

***If you are using the 2020 Compensation Recommendation Report electronic form, please make sure the appropriate boxes at the top are checked correctly with one x so the formulas contained in the form will calculate properly.***

**IDENTIFICATION SECTION**

**Clergy:** Print name legibly and place an “x” in all boxes related to membership/appointment status.

**District:** Use the new District names for the Michigan Conference.

**Church/Charge:** Use complete church name including city. (First, Grace, Hope, etc. only narrows the possibilities).

For multi-point charges, please indicate which is church 1, church 2, and/or church 3. If a charge includes more than 3 churches, please use a second compensation form.

**NOTE:** Separate compensation recommendation report forms must be completed for each church if they are separate circuits sharing a clergyperson.

**Eligible for Conf. ACTIVE GROUP Health Ins:** Place an “x” in the appropriate box.

**Health ACTIVE GROUP Insurance Enrollment:** Place an “x” in the appropriate boxes; Conference (Subscriber or Dependent), or Non-Conference.

[Example of a Conference Dependent: A person whose spouse is the primary subscriber on the policy.]

**Housing:** Place an “x” in the appropriate box.

**CLERGY COMPENSATION (Use annual figures and round to nearest dollar in all sections)**

Line 1: Enter the base cash salary.

Line 2: Enter “0” if the clergy is enrolled in the Conference Group Health Care Plan or if the church pays no health insurance premiums for the clergy. If the church remits premiums for alternate coverage to the insurer or reimburses the clergy to assist in the purchase of alternate health care coverage, the entire amount paid by the church must be entered on line 2. **[This is additional salary and the salary-paying unit cannot designate or require that the amount be used for health care premiums.]**

Line 3: Enter other taxable salary items paid to the clergy: i.e. Equitable Salary, Discretionary Allowances, Non-Accountable Reimbursement Plans.

Line 4: Add Lines 1-3 for Cash Compensation Subtotal.

Line 5: If the church pays the clergy share of the Conference group health insurance premiums, enter that amount. If not, enter “0”.

Line 6: Add lines 4 and 5 for Total Cash Compensation.

**SALARY REDUCTION (Before Tax) ITEMS**

Line 7: Enter the clergy’s Before-Tax personal contribution to the pension plan being withheld from payroll. Do not enter the amount if it is being withheld as a Roth or After-Tax contribution.

**NOTE:** A new “UMPIP Contribution Election” form must be completed whenever a change is made in the contribution amount, or when receiving a new appointment. A new form does not need to be submitted if the amount/percentage is remaining the same in the current appointment. The contribution form is available on the Conference website and may be submitted to the Conference Benefits Office.

Line 8: Enter the amount of the clergy’s contribution for health insurance per the “Conference Health Insurance

Premium Chart” **[Based on Line 4]**. Enter the contribution amount on line 8 **even if the church pays the clergy’s portion.** (If the church pays the clergy portion, this amount will also be listed on Line 5.) If the clergy is not enrolled in the conference health care plan, enter “0”.

*IMPORTANT: The clergy contribution is an individual amount in addition to the single blended rate paid by each local church/ agency.*

Line 9: Enter the amount approved for a Medical Flexible Spending Account (FSA). **Per Affordable Care Act (ACA) regulations, a person must be eligible for group health insurance to be eligible for a Medical FSA.**

*All clergy eligible for a Medical FSA may enroll in the Conference FSA Plan administered by HRPro during open enrollment in the new Conference Health Care Plan in the fall. There are no additional administrative charges to the church or participant. The Conference Benefits Office strongly recommends utilizing this service to assure compliance with HIPAA, IRS and Affordable Care Act regulations.*

Line 10: Enter other Pre-tax salary items and provide a description of the reduction. [Example: A Dependent Care FSA.]

*HRPro will also administer a Dependent Care FSA along with a Medical FSA when enrolled at open enrollment.*

Line 11: Add lines 7-10 for Total Salary Reduction Items.

### **SALARY REPORTABLE TO IRS**

Line 12: Enter Total Cash Compensation from Line 6.

Line 13: Enter approved amount of cash compensation designated as “Household Furnishings Allowance.”

Line 14: Enter Total Salary Reduction Items from Line 11.

Line 15: Subtract Lines 13 & 14 from Line 12. **This is the amount reported as taxable wages on the clergy’s W-2, line 1.**

***IMPORTANT: Per IRS regulations, clergy must receive a W-2 and not a 1099.***

### **CHURCH TREASURER’S CALCULATION FOR PAYROLL**

Line 16: Enter Total Cash Compensation from Line 6.

Line 17: Enter the dollar amount of a housing allowance if provided in lieu of a parsonage.

Line 18: Add Lines 16 & 17 for gross cash subtotal.

Line 19: Enter Total Salary Reduction Items amount from Line 11.

Line 20: Enter other authorized “after-tax” payroll withholdings. [Example: UMPIP Roth or After-tax clergy contributions.]

Line 21: Subtract Lines 19 & 20 from Line 18 for Total Cash paid annually.

Line 22: Divide Line 21 by the number of pay dates in the year for net wages per pay period.

*Federal and/or State Income Tax may be withheld and subtracted from this number if requested by the clergy.*

***However, FICA must never be withheld from clergy compensation.***

### **COMPENSATION BASE FOR RETIREMENT PLAN CONTRIBUTIONS & BENEFITS MINISTRY SHARES**

***IMPORTANT: Complete this section for all clergy appointments; Full time, Less than full time, Retired.***

Line 23: Enter Total Cash Compensation from Line 6.

Line 24: If a parsonage is provided, multiply Line 23 by 25% and enter the amount. If not, enter “0”.

Line 25: If a housing allowance is provided in lieu of a parsonage, enter the same amount as entered on Line 17.

*[Lines 24 & 25 could both be “0” if there are no housing provisions, but both cannot have a numeric value.]*

Line 26: Add Lines 23-25 to determine the compensation base for calculating retirement plan contributions & Benefits Ministry Shares.

## **CHURCH MINISTRY EXPENSES RELATED TO CLERGY COMPENSATION/BENEFITS**

Line 27: Enter the Benefits Ministry Shares (BMS) billed directly to the local church. [BMS are calculated as a percentage of Line 26 based on the appointment status indicated on the Clergy Compensation Recommendation Report.]

*Full or ¾ time = 12%    ½ time = 10%    ¼ time = 6%    Retired = 5%*

Line 28: Enter the local church share (single blended rate) of the conference health care premium per the "Conference Health Insurance Premium Chart." If the local church pays directly or reimburses the clergy for alternate health care coverage, enter "0" and include that amount on Line 2.

*NOTE: In the case of an appointed clergy couple, the subscriber's church will be charged for the total church premium and clergy premium contribution. The church with the dependent appointed clergy will not be charged for the premium. If two or more churches/charges are sharing the health premium cost, they must establish an internal payment agreement independent of the conference billing statement.*

Line 29: If the clergy is eligible but elects to waive conference health care plan, enter the amount indicated on the "Conference Health Insurance Premium Chart." **2020 annual contribution = \$2,100.**

If the clergy is not eligible or is enrolled on the conference health care plan as a dependent, enter "0".

Line 30: Enter a *numeric value* for estimated parsonage utilities. Do not enter words such as "Full" or "All". If a parsonage is not provided, enter "0".

Line 31: Enter the approved amount for clergy receiving a housing allowance in lieu of a parsonage. Include all funds provided for the maintenance of a private home. This number should also appear on Lines 17 & 25. If a parsonage is provided instead of a housing allowance, enter "0".

Line 32: Enter the amount budgeted as a Professional Accountable Reimbursement Plan. A Professional Accountable Reimbursement Plan must be written, IRS compliant, and approved prior to implementation. A plan cannot be approved retroactive for expenses previously incurred.

*NOTE: Non-Accountable Reimbursement Plans are not included on Line 32, but must be listed on Line 3.*

Line 33: If not already included in the Professional Accountable Reimbursement Plan on Line 32, enter a *numeric value* for estimated travel expenses. Do not enter words such as "IRS rate" or "All".

Line 34: If not already included in the Professional Accountable Reimbursement Plan on Line 32, enter the budgeted amount for Continuing Education expenses.

Line 35: If not already included in the Professional Accountable Reimbursement Plan on Line 32, enter the budgeted amount for Annual Conference expenses.

Line 36: Enter other budgeted fringe benefits and provide a description of the item(s).

Line 37: Add Lines 27-36 for Total Clergy Benefits budgeted as church ministry expenses.