

Ministerial Compensation Package Worksheet

Updated 6/18

Organization Name: _____

Minister's Name: _____

Date: _____

Beginning date: _____

Compensation & Benefits:

	Annual Amount:
Base Salary – W-2 Box 1 (taxable for FICA, federal, state, and local withholding taxes)	_____
Housing Allowance – W-2 Box 14 (not taxable for federal, state, and local withholding taxes)	_____
Social Security / Equalization (if applicable) – W-2 Box 1 (7.65% of salary and housing)	_____
Retirement Paid by Church (if applicable) (may or may not be taxable depending on plan)	_____
Health Insurances Paid by Church - health, dental, eye, etc. (if applicable) (may or may not be taxable depending on plan)	_____
Total Annual Compensation & Benefits Package (W-2 reportable):	_____

Other Pastoral Budget Items:

	Annual Amount:
Book Budget (books owned by the church)	_____
Meals and Entertainment for church purposes	_____
Education, Training, and Conferences for pastoral skill building	_____
Automobile Mileage Reimbursement for church related work	_____
Cell Phone Allowance (for the convenience of the church)	_____
Other _____	_____
Total Annual Other Pastoral Budget Items:	_____

