

Annual Salary Report – Presbytery of Southern New England

Church/organization name: _____

Pastor/CE Name _____

Town: _____

Weeks of Annual Vacation: _____

Effective date of change reported on this form _____

Weeks of Annual Study Leave: _____

Number of working units/hours scheduled per week _____

Number of Paid holidays: _____

Please enter annual amounts or zero if not applicable.

Part A – aligns with Board of Pensions form enr-111

1. Cash salary		
Include all annual cash salary. Also include employee contributions to 403(b)(9) plans, tax-sheltered annuity plans, salary reduction contributions to flexible health spending accounts, and cafeteria plans.		
• Salary	_____	
• Employee retirement contributions	_____	1 \$ _____
2. Housing allowance, utilities, and furnishings allowances		2 \$ _____
3. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans and equity allowances		
(Effective 1/1/08, matching contributions to the Board's Retirement Savings Plan should not be included.)		
		3 \$ _____
4. Bonus (see reporting instructions above)		
• All unvouchered allowances	_____	
• Gifts from employing organizations	_____	
• Manse equity allowances and grants	_____	
• Bonus (report year paid _____)	_____	4 \$ _____
5. SECA – Self Employment Contributions Act		
(For reimbursement in excess of 50% of the minister's SECA tax obligation)		
		5 \$ _____
6. Other allowances		
(including co-payment and medical expense reimbursement allowances)		
Do not include expenses reimbursed through vouchers or Benefits Plan dues.		
		6 \$ _____
7. Manse amount		
(must be at least 30% of Lines 1-6 for members residing in a manse)		
		7 \$ _____
8. Total Annual Effective Salary (total of Lines 1-7)		8 \$ _____

Part B – additional information for Presbytery

9. Benefits Plan Dues		9 \$ _____
10. Accountable Reimbursements (vouchered)		
• Continuing Education Reimbursements (\$1,000 minimum)	_____	
• Automobile Expenses	_____	
• Professional Expenses	_____	
• Other vouchered	_____	10 \$ _____
11. SECA Allowance (up to 50% of estimated obligation)		11 \$ _____
12. Optional group plan for medical deductibles, coinsurance and dental		12 \$ _____

Name of person submitting form: _____

Title: _____

Phone: _____ E-mail: _____

Date Submitted: _____