

**PROVIDENCE PRESBYTERY
 INFORMATION ON CLERGY COMPENSATION PACKAGE –2024**

Only installed pastors are required to complete this form.

Deadline: January 22, 2024

Email to: lemmonsberry@providencepres.org

Or mail to: Providence Presbytery, P. O. Box 2601, Rock Hill, SC 29732

Name of Pastor: _____ **Church:** _____

Check all that apply: **Pastor** **Co-Pastor** **Associate Pastor** **Designated Pastor**
 Stated Supply **Interim Pastor** **Parish Associate** **Other** _____

Service: **Full-time (35 hrs or more)** **Part-time (20 - 34 hrs)** _____ **Hrs Per Week**

SALARY PACKAGE

	2023	2024
1. Annual Cash Salary	\$ _____	\$ _____
2. Housing Allowance & Utility Allowance	\$ _____	\$ _____
3. Employing Organization Contributions Deferred Compensation (403b, etc.)	\$ _____	\$ _____
4. Bonus (see instructions below for what items are included)	\$ _____	\$ _____
5. *SECA Allowance (in excess of one-half of SECA obligation)	\$ _____	\$ _____
6. Other	\$ _____	\$ _____
6a. SUBTOTAL	\$ _____	\$ _____
7. ** Manse or Housing provided Value (30% of line 6a) Must be at least 30% for members residing in employer-provided housing.	\$ _____	\$ _____
8. TOTAL EFFECTIVE SALARY (lines 6a + 7)	\$ _____	\$ _____

BENEFITS

9. BOP dues (39% Required for Installed Pastors) (See 2024 Salary Studies Report for Requirements)	\$ _____	\$ _____
10. *SECA allowance (Up to one-half of SECA obligation - .0765 X line 8)	\$ _____	\$ _____
11. Other Optional Benefits (paid by church)	\$ _____	\$ _____
12. TOTAL BENEFITS (lines 9-11)	\$ _____	\$ _____

REIMBURSABLE EXPENSES

13. Professional expenses (prof. expenses, cell phone, travel, etc.)	\$ _____	\$ _____
14. Continuing Education	\$ _____	\$ _____
15. TOTAL REIMBURSABLE EXPENSES	\$ _____	\$ _____
16. TOTAL COST TO THE CHURCH (Total of line 8, line 12, line 15)	\$ _____	\$ _____

*See next page for SECA instructions

**Do not include value of housing in cost to the church

Vacation Leave	_____ Days	_____ Days
Continuing Education Leave	_____ Days	_____ Days
Sick Leave	_____ Days	_____ Days
Military Leave	_____ Days	_____ Days

**For assistance in calculating salary packages, go to www.pensions.org
 or go directly to the dues calculator: www.pensions.org/calc/dues#results**

Change in terms of call was approved by the congregation on _____

Date

Reported by: _____

Phone _____

Name & Position

Continued → →

Line 1 - Annual 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.

Line 2 - Housing Allowance & Utility Allowance

Include all housing, utility, and furnishing allowances.

Line 3 - Employing Organization Contributions

Include employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances. Matching contributions to the Board's optional Retirement Savings Plan are not included in Total Annual Effective Salary.

Line 4 - Bonus

Include bonuses, unvouchered professional expense allowances, gifts from employing organizations, and manse equity allowances (unless contributed to a qualified deferred compensation program). Also include year-end or other bonuses, unvouchered allowances (such as expenses that are not paid through an accountable reimbursement plan), down payment grants for the purchase of a home, savings from interest-free or interest-reduced loans (not loan principal), and gifts paid by the employing organization. (Gifts received directly from private donors or honoraria are NOT included.)

Line 5 – SECA Allowance (in excess of one-half of SECA obligation)

If the church or employing organization pays for or reimburses the member for more than 50% of their Self-Employment Contribution Act (SECA) tax obligations, then the amount in excess of 50% of the expense must be included in this line. The excess must be shown on **Line 5** and be included as salary in computing dues for the Board of Pensions.

Line 6 - Other

Include all other forms of compensation not otherwise covered in the fields above, including medical deductible and medical expense reimbursement allowances not paid through a group benefit plan, insurance premiums for additional insurance coverage provided for individual employees (premiums for group plan coverage are not included), and others.

Line 7 – Manse or Value of Housing

The Manse amount must be at least 30% of the fields above for members residing in employer-provided housing.

Line 10 - Instructions for SECA (Self-Employment Contributions Act) tax calculation.

Please, carefully follow the calculation of SECA to ensure that any allowances paid for SECA are shown on the correct line on the front of this form for calculation of dues for the Board of Pensions.

First, determine the amount subject to SECA tax, then determine the amount the church should pay the minister by multiplying the total subject to SECA by 15.3% and dividing by 2 for the church's portion.

Cash salary:	\$ _____	(line 1)
Housing Allowance/Utilities	\$ _____	(line 2)
Employing Organization 403 Contributions	\$ _____	(line 3)
Bonus	\$ _____	(line 4)
SECA Allowance in Excess of 50%	\$ _____	(line 5)
Other	\$ _____	(line 6)
Manse Value	\$ _____	(line 7)

Total subject to SECA Multiply by: =

This amount is one-half of the Minister’s SECA Tax Liability and should be shown ONLY on line 10. It is NOT included in “Total Effective Salary” when calculating