

Church's Pastoral Care

For the year ___/___/___ through ___/___/___

Church _____ Signature _____

Name _____ Date _____

Position _____

1. Ministry Expenses – Paid directly by the church or reimbursed

	Month	Year
Auto (If it is furnished to the minister)		
Ministry Mileage (reimbursed @ ___ cents per mile)		
Conventions/Seminars (Registration/Lodging/Meals)		
Travel Expense		
Hospitality Allowance (Outreach/Visiting Ministry)		
Ministry Association Dues		
Ministry Related Gifts (Wedding/Showers)		
Magazine Subscriptions (related to ministry position)		
Telephone, Cell Phone Expense		
Other		
Total		

2. Benefits paid by the church

	Month	Year
Group Health and Dental Insurance		
Retirement Plan		
Disability Insurance		
Life Insurance (Benefiting the pastor's family)		
Medical Flexible Spending Account		
Education (Fees/Books)		
End-of-Service (severance) Fund		
Other		
Total		

3. Compensation

	Month	Year
Contribution to Social Security (if church assists)		
Auto Allowance		
Housing Allowance		
Salary		
Other		
Total		

4. Paid Vacation: _____ weeks

5. Paid Holidays: _____ days

Important: The church must have an accountable reimbursement plan that meets IRS requirements in order for ministerial reimbursements to not be taxable income.