

Instructions for Clergy/Church TAC Clergy Comp Fillable Form (CCFF)

The TAC Clergy Comp Fillable Form (CCFF) will be used by the TAC Benefits Office as the official clergy salary sheet for collection of monthly GHB and Pension Benefits contributions effective 1/1/2024.

For all salary sheets effective 1/1/2024 please use the following process:

1. Complete the Clergy Comp Fillable Form for each clergy appointment.
2. Once the Clergy Comp Fillable Form is signed by the pastor and a church representative, submit the Clergy Comp Fillable Form to your District Office.
3. The District Office will then review and sign your Clergy Comp Fillable Form.
4. After the Clergy Comp Fillable Form is signed by the pastor, a church representative and the District office, the District office will submit the Clergy Comp Fillable Form to the TAC Benefits Staff for their review and retention.
5. If a clergy is appointed to one or more churches, the clergy needs to complete a Clergy Comp Fillable Form individually for each church and submit it to the District Office. If the clergy is provided a parsonage, each church must answer "Yes" to question "(A) Do you live in a Parsonage" on the Housing Type. This will ensure that benefits will be calculated correctly, and each church will be responsible for an equal percentage according to that church's compensation share.

The Clergy Comp Fillable Form will have a color key at the top right corner in order to understand what fields are fillable and which ones are not.

Here are the color keys:

Blue: select from dropdown box

Green: fillable

Gray: automatic calculation

Clergy Comp Fillable Forms (CCFF) – Single Church Instructions

Church Section

Church	
District	
City, Church	
GCFA #	
Appointment Effective Date (m/d/yyyy)	
Salary Effective Date (m/d/yyyy)	

Clergy Section

Clergy	
First Name	
Last Name	
Conference Relationship	Select one <small>Select from dropdown box</small>
Attending School - Select one if applicable <i>(only complete if class hours plus church work hours are part of your Total Appointment Time)</i>	No Selection <small>Select from dropdown box</small>
Total Appointment Time	Select one <small>Select from dropdown box</small>

Complete the church and clergy information on the green boxes.

1. The font size in the dropdown box is tiny due to excel limitations, but you can zoom the page to increase the font size.
2. Conference Relationships can be selected by the dropdown box or by typing the exact acronym (*i.e., AM, FE, FL, PL*) in the blue box:

AM – Associate Member

FD – Deacon in Full Connection

PD – Provisional Deacon

FE – Elder in Full Connection

PE – Provisional Elder

FL – Full Time Local Pastor

PL – Part Time Local Pastor

OA – Associate of Other Conference

OD – Deacon Member of Other Conference or Methodist Denomination

OE – Elder Member of Other Conference or Methodist Denomination

OF – Other Non-Methodist Denomination

RA – Retired Associate Member

RD – Retired Deacon Full Connection

RE – Retired Elder

RL – Retired Local Pastor

OR – Retired Member of Other Conference

CLM – Certified Lay Minister

LS – Lay Supply

SY – Supply

3. Attending School will only be selected and answered if the conference relationship is FL-SS, PL-SS, FL-US, or PL-US. Select either **Seminary or Undergraduate** as applicable. As a reminder, total appointment time for these conference relationships is the *total of the clergy’s scheduled class hours and church work hours each week*.
4. Select the Total Appointment Time from the dropdown box. Fractions are used instead of percentages as follows:

Full-time (100%), ¾ (75%), ½ (50%), and ¼ (25%)

Compensation Section

Compensation			
1. Cash Salary (Includes Cash Allowances and other cash amounts paid TO the pastor. Does not include Utilities and other Housing Related Allowances and Housing Allowance in lieu of Parsonage)		\$	-
2. Utilities and other Housing Related Allowances		\$	-
Total Cash (1+2)		\$	-
3. Housing Type			
(A) Do you live in a Parsonage? Enter Yes or No			
	i. Parsonage Value (= 25% of Total Cash (1+2) above)	\$	-
(B) Are you receiving a Housing Allowance in lieu of Parsonage? (Only applies if not living in a Parsonage)		Select	Select from dropdown box
	ii. Housing Allowance in lieu of Parsonage (minimum = 25% of Total Cash (1+2) above)	\$	-
4. Accountable Reimbursements (Includes utilities paid FOR the pastor by the Church, Continuing Education, or other reimbursable business expenses) (not included in Total Pension and Health Benefits Compensation)		\$	-
TOTAL Compensation for Cabinet Workbook (1+2+4)		\$	-
TOTAL Pension and Health Benefits Compensation (1+2+3)		\$	-
TOTAL Compensation Paid by Church (1+2+3b+4)		\$	-
TOTAL Annual Church Compensation and Pensions and Health Benefits (1+2+3b+4+Annual Church Pension Plan Contribution amount+Annual Church Health Benefits Contribution amount)		\$	-

Minimum Salary:
Minimum salary amounts apply only to Full-time appointments listed below:
1. FE, FD, AM, PE, PD, DE, OD, OA, OF - \$44,500
2. FL - \$38,500
3. FL-SS - \$35,500
4. FL-US - \$32,500

The clergy or church payroll administrator completes the green boxes in this section.

1. Cash Salary
(Includes Cash Allowances and other cash amounts paid TO the pastor. Does not include Utilities and other Housing Related Allowances and Housing Allowance in lieu of Parsonage)
2. Utilities and other Housing Related Allowances

The sum of Cash Salary (1) and Utilities and Housing Related Allowances (2) equals Total Cash.

3. Housing Type

(A) The clergy answers the question, “Do you live in a Parsonage?” by entering Yes or No in the green box. If “Yes”, the parsonage value will be automatically displayed in the gray box.

(B) If the answer to the question “Do you live in a Parsonage” is “No”, then the clergy will answer:

“(B) Are you receiving a Housing Allowance in lieu of Parsonage” by selecting “Yes – Enter Amount Below” from the blue dropdown box and entering the housing allowance amount in the green box.

4. Accountable Reimbursements

(Includes utilities paid FOR the pastor by the Church, Continuing Education, or other reimbursable business expenses) (not included in Total Pension and Health Benefits Compensation)

Total Compensation amounts will automatically display in the gray boxes as shown above.

2024 Minimum Salary (\$500 increase from 2023 levels):

FE, FD, AM, PE, PD, OE, OD, OA, OF, OPD, OPE	\$44,500
FL	\$38,500
FL-SS	\$35,500
FL-US	\$32,500

Church Benefits Contribution Section

Church Benefits Contributions <i>(applies to Full-time and 3/4 time appointments only)</i>	
TOTAL Pension and Health Benefits Compensation (1+2+3)	\$ -
<i>Annual Church Pension Plan Contribution</i> (0.138 X Total Pension and Health Benefits Compensation) (Note: 0.108 X Total Pension and Health Benefits Compensation for 3/4 PL)	\$ -
Monthly (Annual contribution ÷ 12)	\$ -
<i>Annual Church Health Benefits Contribution</i> (0.125 X Total Pension and Health Benefits Compensation)	\$ -
Monthly (Annual contribution ÷ 12)	\$ -

The Church annual and monthly Pension and Health Benefits Contribution amounts will automatically be displayed in the appropriate gray boxes above.

Signature Section

Pastor's Signature:	Date:
Church Representative Name:	Signature:
Church Rep. Email:	Date:
<i>Once this form is signed by the Pastor and Church Representative, please submit to your District Office</i>	
District Office:	Date:

The CCFF needs to be signed and dated by the pastor, a church representative and the DAA before submitting to TAC Benefits Staff.

Rev. 8-23-2023