

**EMPLOYER  
ANNUAL SALARY REPORT**

**Please complete this form annually regardless of whether salary changes have occurred.**  
Pension contribution invoices will not be generated until salary is entered each year.

**Participant Name** \_\_\_\_\_  
FIRST / MIDDLE / LAST

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

CITY STATE/PROVINCE ZIP

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

CITY STATE/PROVINCE ZIP

**Enrollment changes**

No longer employed, effective \_\_\_\_\_

Newly employed, effective \_\_\_\_\_

No longer required to receive contributions due to loss  
of credential or reduction in salary below \$15,000, effective  
\_\_\_\_\_

Serves two churches.  
Name of other church served  
\_\_\_\_\_

**Considered Compensation for Pension Billing**

1. Report all amounts on an annual basis.
2. Do not report amounts paid for Covenant Pension and other benefits paid on behalf of the minister, such as insurance.
3. When the participant serves two churches, each church reports their share of compensation individually.
4. Include pre-determined stipends, such as auto allowance. Do not include reimbursements made for specific purchases, such as mileage reimbursements.

Annual base salary (do not include housing allowance) \$ \_\_\_\_\_

YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ INCLUDE MONTH IF EFFECTIVE CHANGE AFTER JAN. 1 OF LISTED YEAR

Parsonage provided? Yes *If yes, Pension Plan will add the greater of \$4,200.00 or 33% of annual salary*

Housing allowance? No *If no, list housing allowance amount \$ \_\_\_\_\_*

FICA/SECA PAID TO MINISTER \$ \_\_\_\_\_ ANNUITY \$ \_\_\_\_\_ OTHER ANNUAL STIPENDS/COMPENSATION \$ \_\_\_\_\_

MINISTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER'S SIGNATURE (TREASURER, CHAIR, ETC.) \_\_\_\_\_ DATE \_\_\_\_\_