

Alaska Conference Parsonage Exclusion Declaration



FOR THE YEAR ENDING: _____

NAME: _____

Estimated Parsonage Exclusion for _____ is \$ _____
(indicate year)

SIGNATURE: _____ DATE: _____

Deadline for submission is January 15th

Please return via fax to:

Alaska Conference of Seventh-day Adventists • 6100 O'Malley Rd, Anchorage, Alaska 99507
Phone: 907-346-1004 • Fax: 907-346-3279

or via email to:

nita.larson@ac.npuc.org

Alaska Conference Ministerial Parsonage Report

Alaska Conference of Seventh-day Adventists • 6100 O'Malley Rd, Anchorage, Alaska 99507
Phone: 907-346-1004 • Fax: 907-346-3279



FOR THE YEAR ENDING: _____

NAME: _____ DATE: _____

ORDINATION STATUS (check one)

Ministerial Credential Ministerial License Commissioned Ministerial Credential

HOUSING STATUS (check one)

Rent Number of Months: _____ (Complete Section 1 Only)

Own Number of Months: _____ (Complete Sections 1 & 2)

EMPLOYMENT STATUS: Number of months in Conference this year: _____

SECTION A: Actual Housing Expenses (Renters and Homeowners)

1. Purchase of home *(inc. down payment, closing costs, etc.)*
2. Amount of monthly rent or house payments
3. Annual utility expenses
4. Furniture purchases
5. Other parsonage expenses

TOTAL SECTION A **\$0.00**

SECTION B: Fair Market Value Computation (Homeowners Only)

1. Monthly fair rental value of unfurnished home
2. Monthly furniture rental valude *(suggest 20% of Item 1 above)*
3. Number of months home owned during year *(not to exceed total months in conference)*
4. Total of Items 1 & 2 multiplied by Item 3
5. Actual cost of utilities *(Section A, Item 3 above)*
6. Total fair rental value plus utilities *(Items 4 & 5 Above)*
7. Add any actual rent paid during the year *(for period before or after home ownership)*
8. Add additional housing expenses attributable to period when renting

TOTAL SECTION B **\$0.00**

SECTION C: Computation of Allowance (Office Use Only)

1. Parsonage allowance per policy
2. Additional amount - year of move *(if voted)*
3. Total parsonage allowance available *(see W-2)*
4. Computed allowance *(Lowest of A, B or C)*
5. Less amount already considered non-taxable
6. Year end adjustment to taxable wages *(Item 4 less 5 above)*

TOTAL SECTION C **\$0.00**

\$0.00

ORDAINED MINISTER'S PARSONAGE EXPENSE WORKSHEET

For the Year Ending: _____

EXPENSE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Purchase of Home													\$0.00
Down Payment													\$0.00
Closing Costs													\$0.00
Other Related Costs													\$0.00
Rent/House Payment													\$0.00
Utility Expenses*													\$0.00
Electricity													\$0.00
Fuel													\$0.00
Garbage													\$0.00
Furniture Purchases													\$0.00
Insurance*													\$0.00
Maintenance/Repairs													\$0.00
Taxes*													\$0.00
Pest Control													\$0.00
Lawn Care													\$0.00
													\$0.00
													\$0.00
TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* If not already included in house or rent payment

Excess Income

Excess Expense
