CLERGY STAFF PERSON
HOUSING ALLOWANCE EXCLUSION INFORMATION

Certification of housing allowances must be made in advance. Please complete this form for your estimated housing and utility expenses and return it to the Staff-Pastor Parish Relations Committee for approval.

This form enables you to list items that may be excluded from taxable income as housing expenses. For those provided a residence, some related expenses are provided for you. This information form is for expenses you may *personally* incur in relation to providing a home. After approval of the allowance by the Greater New Jersey Annual Conference, a signed copy will be forwarded to you for your records. The amount of expenses you indicate will reduce your W-2 income. This reduction does **not** reduce income for Social Security tax purposes.

It is understood that if the estimated amount is not used in full for housing needs, you will add the unused portion on your Form 1040 as taxable income when the tax return is filed.

In accordance with the provisions and requirements of Section 107 of the United States Internal Revenue Code, I state that the amounts set forth below represent to the best of my knowledge and belief a true estimate of the payments to be made **by me** to provide a home out of the gross compensation paid to me from the Greater New Jersey annual Conference of The United Methodist Church for the period of _____ through _____.

Utilities, repairs/maintenance, furnishings, insurance, other: $_____
(Annualized amount – will be pro-rated if partial year appointment)

I _____ (***print name***) accept responsibility for maintaining and keeping available substantiation of the above expenditures, in accordance with the Internal Revenue Code. I also understand that if the above estimated amount is not used in full for housing needs, that the unused portion will be reported by me to the IRS on my tax return as taxable earnings.

_____ _____
Signature of Clergy Staff Person Date Signed

---for office use only---

CERTIFICATION OF CLERGY STAFF PERSON HOUSING EXCLUSION ALLOWANCE

This certifies that you have been provided the use of a residence or paid a housing allowance and that your actual expenses to provide housing not to exceed the above amount may excluded from taxable income under Section 107 of the Internal Revenue Code. This designation shall apply to this calendar year.

Name_____Date Certified _____
Chair, Staff Parish Relations Committee

_____United Methodist Church