GENERAL INSTRUCTIONS

PLEASE READ THE INSTRUCTIONS IN FULL BEFORE COMPLETING THE FORM

THE INFORMATION NEEDED TO FILL IN EACH COLUMN IS EXPLAINED BELOW.
PLEASE READ ALL THE INSTRUCTIONS BEFORE YOU BEGIN COMPLETING THE FORM
FOR CLERGY PAYROLL, YOU WILL NEED THE *2020 CLERGY COMPENSATION FORM LINES 1, 5, AND 20*

IMPORTANT INFORMATION

CERTIFICATE(S) OF INSURANCE

When using an insured contracted service, a certificate(s) of insurance must be returned with the audit. This certificate(s) must have the workers' compensation section designated and must show coverage for the ENTIRE TIME PERIOD OF THE AUDIT.

- **RETURN THE COMPLETED AUDIT FORM TO CHURCH MUTUAL**. If more space is needed to provide information, please complete additional pages and **submit audit to Church Mutual Insurance Company, S.I.** via email **premiumaudit@churchmutual.com** or via fax **715.539.4721.**
- If you have attachments (certificates of insurance), we recommend you send all documents together.
- If you need help or have any questions on this audit contact Becky Meyer in the Premium Audit Unit at **800.554. 2642, press Option 4, Extension 4697** or email her at **bjmeyer@churchmutual.com** - please reference UMC of Greater New Jersey.
- If you have questions regarding the **housing definition** please contact Veronika Varga, Benefits Assistant, at **732.359.1036** or email her at **vvarga@gnjumc.org**
- Your church's **CMIC Account #** is included on your **Master Certificate of Insurance** as well as the cover letter that is included in the Property Insurance Program renewal packet, which was mailed to the church in December. Check with your trustee president, pastor, or office staff for location of the renewal packet.

CHURCH NAME, CMIC ACCOUNT #, CONFERENCE NUMBER, FEIN

- Church Name please complete your church's name.
- CMIC, S.I. Account # please indicate your church's CMIC, S.I. Account number, this information can be found on your church's master certificate of insurance.
- Conference Number please indicate your church's four-digit Conference Number, this is also included on your church's master certificate of insurance.
- FEIN please indicate your church's Federal Tax Identification/Employer Identification Number (EIN) if you cannot locate your FEIN/EIN you can contact the IRS to obtain this by calling the Business & Specialty Tax Line at (800) 829-4933. The hours of operation are 7:00 a.m. - 7:00 p.m. local time, Monday through Friday.

NAME OF EMPLOYEE (W-2 HOLDER), 1099 CONTRACTOR, OR UNINSURED CONTRACTOR

- Please include every W-2 holder which is paid a wage, salary, honorarium, and/or any love offering, including part-time and full-time workers, 1099 recipients, and independent contractors, **unless they had their own workers' compensation insurance during the audit period**. (Workers' compensation is not part of state or IRS filing rules. When completing the audit form, the amount that each person was paid does not determine whether or not they need to be included on the audit form.)
- If they **do not** have their own workers' compensation coverage (uninsured contractor), they must be included on the audit.
- If they **do** have their own workers' compensation coverage, do not list them on the audit. You must obtain a certificate of insurance from them providing proof of workers' compensation coverage. You must submit that document along with your audit. (See the Construction Primer Guideline or FAQ that are available at https://www.gnjumcinsurance.org/resources for information about obtaining certificates from contractors).
- If you have no regular paid clergy, list any paid interim positions or guest speakers.

JOB TITLE

Please indicate all job titles. For those employees with more than one job title, please indicate all job titles showing the amount of payroll for each job title.

GROSS PAYROLL FOR AUDIT PERIOD

Report the payroll for the audit period indicated in the upper right-hand corner of the workers' compensation audit form.

THERE IS NO SUBTRACTING DEDUCTIONS OF ANY KIND FROM GROSS PAYROLL FOR THE AUDIT.

- Payroll means gross wages or salaries before deducting social security or withholding taxes (for clergy - Line 1 of the 2020
- Clergy Compensation form).
- Do **NOT ADD OR SUBTRACT** employer or employee contributions to health insurance or to pension plans.
- Do **NOT** include mileage or auto expenses that have been reimbursed or documented with receipts.
- **DO** include as payroll any auto allowance for which you do not require documentation of expenses.
- Indicate the amount for any church owned housing under the column of "Parsonage = 25% of Salary; OR Housing Allowance."

PARSONAGE = 25% OF SALARY; OR HOUSING ALLOWANCE

Rent-free living is church-owned housing provided to the recipient at no charge. **IF HOUSING IS PROVIDED BY THE CHURCH, THIS IS COMPENSATION AND MUST BE REPORTED, even if the housing is not used on a daily basis.**

- If your pastor lives in and/or has use of your parsonage:
  - Indicate 25% of Pastor's Gross Wages in this column; - **Use Line 20 of the 2020 Clergy Compensation Form**
  - If you reimburse another church for a portion of the "value" of the parsonage, **each church must report its own share** as Housing, which is 25% of the pastor's salary (or actual dollar amount if less than 25%) that is paid by your church
- Non-Cash Compensation:
  - A regular worker under the direction of the church receives no cash compensation but is allowed to live in the church owned house at no cost to the worker, must have the fair market rental value of the house reported as payroll.
    - Example: Person that does custodial work for the church, receives no salary, but is allowed to live in a church-owned house at no cost; indicate their name, title, and under the Housing column the fair market rental value of the house.
- If your pastor receives a housing allowance in lieu of a salary and there is no "Gross Payroll", leave "Gross Payroll" column blank and report 100% of the Housing Allowance **(Line 5 of the 2020 Clergy Compensation Form)** in "Parsonage = 25% of Salary; OR Housing Allowance" column.
  - If the housing definition is unclear please contact Veronika Varga, Benefits Assistant, at 732.359.1036.
- When rent-free living quarters or housing allowance are not provided, please indicate not applicable (N/A).
- **DO NOT REPORT THE AMOUNT DESIGNATED AS HOUSING EXCLUSION - Line 11 of the 2020 Clergy Compensation Form (**which is a tax deduction and used for IRS purposes only)
  - Example: Pastor receives a $15,000 housing allowance (**Line 5**) in lieu of salary or in lieu of parsonage and a $15,000 housing exclusion. Report $15,000 as the housing allowance, NOT $0!
  - If pastor lives in his/her own house AND does NOT receive a Housing Allowance (DO NOT INCLUDE amount designated as HOUSING EXCLUSION - Line 11), then report N/A as the housing amount in your payroll figure.

AC, LS, UC

You must indicate the type of each employee listed on the audit as follows:

AC = Appointed Clergy
LS = Laity/Hired Staff (includes supply pastors, youth pastors)
UC = Uninsured Contractor (includes all 1099 recipients)

TYPES OF EMPLOYEES TO INCLUDE ON THE AUDIT

- Employees of the church (church staff)
- Contracted workers who do not have their own workers' compensation insurance.
- **Note:** Contracted workers who **do have their own workers' compensation coverage, should NOT be listed**. However, you **must obtain a certificate(s) of insurance from them providing proof of workers' compensation coverage** for the ENTIRE AUDIT PERIOD. You **must** submit that document along with your audit.

YOUR APPOINTED PASTOR IS ALWAYS AN EMPLOYEE for workers' comp purposes! If your pastor is a Supply Pastor (hired by the church through the District Superintendent) report hired clergy as "Lay/Hired Staff" not as "Appointed Clergy."

Church/Clerical Employees:

- Appointed clergy
- Hired clergy (not appointed)
- Lay church office workers (includes youth director/pastor)
- Nursery attendants for worship time (not school or day care workers)
- Musicians
- Paid VBS staff

Day Care Employees:

- Teachers, directors and school clerical staff
- Do not include payroll for worship-time nursery attendant

Cemetery Worker Employees:

- Workers doing any physical labor relating to the operations of the cemetery, including lawn care and landscaping
- General cemetery maintenance personnel
- Grave diggers

Other Employees:

- Custodians/Janitors
- Lawn Care providers
- Snow Removal providers
- Thrift Store Staff/Retail Store Staff
- Drivers

TYPES OF EMPLOYEES TO INCLUDE ON THE AUDIT *continued*

This is not a complete list; you must report every:

- W-2 holder which is paid a wage, salary, honorarium, and/or any love offering, including part-time and full-time workers
- 1099 recipients and
- Independent contractors, **unless they had their own workers' compensation insurance during the audit period**.

"EMPLOYEES" NOT TO BE LISTED ON THE AUDIT

- NON-CHURCH CONTROLLED SCHOOL PAYROLL. Non-Church-Controlled Schools, Nursery Schools, or Day Cares are required to provide their own workers' compensation insurance
- Volunteer workers
- Contractors or subcontractors that have their own workers compensation coverage in force; they MUST provide the church with a certificate(s) of insurance for the entire audit period of 1/1/2020 to 1/1/2021

ACCOUNT

FIRST UMC -1000
and FIRST UMC CHRISTIAN NURSERY SCHOOL
ATTN: WORKERS COMPENSATION AUDIT
123 MAIN STREET
ANY CITY, NJ 01234

DATE	***01/01/2021***
CMIC, S.I. ACCOUNT NO.	***01234567***
YOUR FEIN	***99-999999***
POLICY NUMBER	***07-063420***
POLICY TERM	***1 YEAR***
POLICY PERIOD	***1/1/2020 to 1/1/2021***

AUDIT PERIOD

TIME SENSITIVE MATERIAL

WORKERS' COMPENSATION
REQUEST FOR PAYROLL AUDIT INFORMATION

Please refer to your workers' compensation policy "Part Five - Premium," which states the premium shown on the Information Page, schedules, and endorsements at the time your workers' compensation policy was issued is an estimate. **The final premium is determined after your workers' compensation policy expires.** In order to calculate the final premium, actual payroll figures are needed to compare with the initial estimated payroll figures. Through an audit process, a determination is then made if any premium adjustment is necessary.

The reverse side of this letter is a Payroll Audit Report of Wages Form. **Complete this form and return it to Church Mutual Insurance Company, S.I. by February 15, 2021**. Make sure to keep a copy of the completed audit form for your church's records. Email or fax return is preferred; if you fax or email the form you do not need to mail the hard copy. **Mail the form only if email or fax return is not possible to Church Mutual Insurance Company 3000 Schuster Lane, P.O. Box 357, Merrill, WI 54452-0357.**

A General Instruction Sheet and Sample Form are enclosed for your assistance. If you have any questions concerning the completion of the Payroll Audit Report of Wages Form contact **Becky Meyer** in the Premium Audit Unit at **800.554.2642, press Option 4, Extension 4697**, or email her at **bjmeyer@churchmutual.com** - please reference UMC of Greater New Jersey.

Thank you for your cooperation; we appreciate your business.

CHURCH MUTUAL INSURANCE COMPANY, S.I.

PREMIUM AUDIT UNIT

PLEASE NOTE: DO NOT complete any online workers compensation audit on the Church Mutual website

SAMPLE

~ OVER ~

Church Name: FIRST UMC - 1000 and FIRST UMC CHRISTIAN NURSERY SCHOOL **CMIC, S.I. Account #:** 01234567

FEIN: *99-999999*

PAYROLL AUDIT REPORT OF WAGES

Policy #: *07-063420*

Name of Employee (W-2 Holder), 1099 Contractor, or Uninsured Contractor	Job Title	Company Use Only Code	Gross Payroll for Audit Period	(+)	Parsonage = 25% of Salary; OR Housing Allowance	AC, LS, UC (see instructions)
Bill Smith	Pastor		$ 26,800	+	6,700	AC
John Doe	Pastor		$ 16,000	+	4,000	AC
Mary Robin	Church Secretary		$ 12,500	+		LS
Betty Fry	Sunday School Teacher		$ 2,000	+		LS
Jim Barney	Custodian		$ 9,270	+		LS
Joe Rothschield	Cleaning (contractor)		$ 2,500	+		UC
Shirley Michaels	Day Care Director		$ 18,000	+		LS
Missy Green	Child Care Worker		$ 8,000	+		LS
Kent Jones	Teacher		$ 6,000	+		LS
Al Roberts	Cemetery Maintenance		$ 10,000	+		LS
Barry Howard	Snow Removal		$ 8,000	+		UC
			$	+		
			$	+		
			$	+		
			$	+		
			$	+		
			$	+		
			$	+		
			$	+		
			$	+		

SAMPLE

- If more space is needed to provide information, please complete additional pages
- **Submit audit to Church Mutual Insurance Company, S.I.** via EMAIL premiumaudit@churchmutual.com or via FAX 715.539.4721. Email or fax return is preferred but if you need to mail the form see reverse side for the mailing address.
- If you have attachments, we recommend you mail all documents together.
- If you need help or have any questions on this audit contact Becky Meyer in the Premium Audit Unit at **800.554.2642, Option 4, Extension 4697**, or email her at **bjmeyer@churchmutual.com**. For questions regarding the housing definition or Housing allowance contact Veronika Varga, Benefits Assistant, at **732.359.1036** or email her at **vvarga@gnjumc.org**

☐ **YES, I hereby certify that the information provided is a true statement of gross earnings paid to all employees for the audit period.**

Named Insured: First UMC and First UMC Christian Nursery School **CMIC, S.I. Account No.** 01234567

Contact Person: Mary Smith **Signature:** (MUST BE SIGNED TO BE VALID)

Title: Treasurer **Daytime Phone:** 732.555.5555

Email Address: treasurer@church.com **Website:** www.firstumc.com