

AMERICAN CONFERENCE OF CANTORS
PENSION AND INSURANCE PLAN

PARSONAGE TRANSMITTAL FORM

PARTICIPANT NAME: _____

SOCIAL SECURITY NUMBER: _____

*ESTIMATED PARSONAGE EXPENSES OF RETIRED CANTORS FOR THE 2009
CALENDAR YEAR*

Total Mortgage Payments (if you own your home) \$ _____

Total Rental Payments (if you rent your home) \$ _____

Total Maintenance Costs \$ _____

Total Utility Costs \$ _____

Miscellaneous (Consult your tax advisor) \$ _____

Total Estimated Parsonage Expenses \$ _____

**Total Parsonage Approved by any Temple
for Income Received during the year** \$ _____

**Total Parsonage Request of ACC from Pension and
Insurance Plan Received during the year.** \$ _____

Note that, if the amount designated above exceeds the total of your actual parsonage expenses for the calendar year, the excess will be taxable to you. We suggest that you consult your tax advisor if this should occur.

Date

Name of Cantor (Please Print)

Date Received by Plan

Signature of Cantor

**Return forms to:
American Conference of Cantors
Marianne Pick
35 Bay View Ave
Quincy, MA 02169
Or Fax to: 617-481-2032**

Please note the transmittal form is used to record estimated parsonage reported. It DOES NOT initiate a distribution. You must contact Fidelity directly to initiate or change your distribution amounts at 800-343-0860.

Please note GTM members are not eligible for parsonage.