

AMERICAN CONFERENCE OF CANTORS
RETIREMENT PLAN
A 403b Qualified Church Plan

PARSONAGE TRANSMITTAL FORM

PARTICIPANT NAME: _____

CITY/STATE of PRIMARY RESIDENCE: _____

SOCIAL SECURITY NUMBER: XXX-XX-_____ (last 4 digits only)

ESTIMATED PARSONAGE EXPENSES OF RETIRED CLERGY FOR THE **2019**
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) \$ _____

(A) TOTAL ESTIMATED PARSONAGE EXPENSES (from above) (A) _____

(B) TOTAL FAIR RENTAL VALUE OF YOUR FURNISHED HOME PLUS UTILITIES (B) _____

(C) TOTAL PARSONAGE REQUESTED:

(1) Parsonage *already requested and approved* (1) \$ _____
from any Temple for the 2019 calendar year

(2) Parsonage requested from the ACC Retirement (2) \$ _____
Plan for the 2019 calendar year

(3) Parsonage requested from the ACC Supplemental (3) \$ _____
Plan for the 2019 calendar year

Total of (1), (2) and (3) = Total Parsonage Requested (C) _____
(Cannot exceed Total of (A) above)

(D) The smaller of (A), (B), or (C) above = Total Parsonage Allowed (D) _____

Please sign and date this form on the reverse side and return to the ACC Office. 1) Mail to **ACC RETIREMENT PLAN**, 1375 Remington Road, Suite M, Schaumburg, IL 60173-4844, 2) Fax to # 847-781-7801, or 3) Email to retirement@accantors.org. Forms need to be received in the ACC Office by Friday, October 27, 2017. Thank you.

(over)

Note that, if the amount designated on the previous page 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 accountant or tax advisor for assistance in the completion of this form.

Date

Name of Plan Participant (Please Print)

Date Received by Plan

Signature of Plan Participant