

MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE
459 S. CHURCH ST
WINSTON-SALEM, NC 27101
PHONE: 336-531-0025 EMAIL: payroll@mcsp.org

CHANGE IN SALARY FORM

EMPLOYEE/MINISTER _____

CHURCH _____

EFFECTIVE DATE _____

NEW RATE: _____ MONTHLY _____ ANNUAL _____

BELOW LINE IS FOR MINISTERS ONLY

ANNUAL COMPENSATION

_____ ANNUAL TAXABLE WAGES

BASE WAGES _____

SOCIAL SECURITY ALLOWANCE _____

OTHER ALLOWANCES (LIST) _____

TOTAL TAXABLE WAGES _____

_____ IF ORDAINED - ANNUAL NON-TAXABLE

HOUSING ALLOWANCE _____

UTILITY ALLOWANCE _____

TOTAL NON TAXABLE WAGES _____

TOTAL ANNUAL GROSS COMPENSATION _____

REASON FOR CHANGE _____

APPROVED _____
Vice Chair of Elders or Trustee Chair

SIGNED _____
Treasurer

ACKNOWLEDGED _____ DATE _____
EMPLOYEE/MINISTER

****Submit 1 copy to Payroll Department, 1 copy to Church & 1 copy to employee/minister**