

## Arkansas Conference Church Remittance Form

Fields marked with \* are required. Please remit only one (1) form for each month.

\*GCFA #: \_\_\_\_\_ \*Church Income For: \_\_\_\_\_  
 Month Year  
 \*Conference Church #: \_\_\_\_\_  
 \*Church Name: \_\_\_\_\_ \*Paid to Conference in: \_\_\_\_\_  
 Month Year  
 \*City: \_\_\_\_\_

\*District:  Central  Northeast  Northwest  Southeast  Southwest

<u>To Calculate Your Tithe:</u>	
<b>Total Gross Income</b> for previous month including designated giving and other funds	A*
<b><u>APPROVED Local Church EXCLUSIONS</u></b>	
Less income for <b>capital campaigns</b> (this does not include LOC/mortgage payments)	B
Less income for <b>memorials and endowments</b>	C
Less income from <b>sale of church-owned real estate</b> (not used for operation expenses)	D
Less income from <b>tuition-based services</b> (preschool, daycare, etc.)	E
Less <b>direct costs of fund-raising</b> (this does not include income raised)	F
Less income for <b>pass-through/outreach ministries</b>	G
<b>ADJUSTED GROSS INCOME</b> = Line A minus B, C, D, E, F, G	H*
Church <b>TITHE</b> Remitted to Conference (LINE H x 10%) =	I*
<b>District Apportionment</b> Remitted to Conference =	J*

OTHER DESIGNATED GIVING remitted to Conference at this time			
	Project Name	Code	SAmount
To be sure that your funds are allocated properly, refer to the Project Code List for the correct Project Code #			
<b>TOTAL DESIGNATED GIVING</b> Remitted to Conference			K*

\*Date: \_\_\_\_\_ Check#: \_\_\_\_\_ Total Check Amount   I+J+K  
 \*Prepared by: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  Check this box if form was submitted online

Please keep a copy for your records

\*Required information

If you have questions, contact Wendy Brunson Daniels - [wbrunson@arumc.org](mailto:wbrunson@arumc.org)

Make checks payable to: **Arkansas Conference UMC**  
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