

2017 Arkansas Conference Church Remittance Form

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

*Church #: _____ ***Begin using in February 2017*** *Church Income For: _____
Month Year

*Church Name: _____ *Paid to Conference in: _____
Month Year

*City: _____

*District: Central Northeast Northwest Southeast Southwest

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

OTHER DESIGNATED GIVING remitted to Conference at this time			
	Project Name	Code	\$Amount
To be sure that			
your funds are			
allocated			
properly, refer to			
the Project Code			
List for the			
correct Project			
Code #			
TOTAL DESIGNATED GIVING 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

If you have questions, contact Melissa Sanders - msanders@arumc.org

Make checks payable to: Arkansas Conference UMC

P.O. Box 55588

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