

Arkansas Conference Tithe 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

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 include</u> 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 include</u> 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

***Required information**

If you have questions, contact Wendy Brunson Daniels - wbrunson@arumc.org

Make checks payable to: **Arkansas Conference UMC**
P.O. Box 55588
Little Rock, AR 72215