

Arkansas Conference Tithe Remittance Form

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

*Church #: _____ *Church Income For: _____
 _____ Month _____ Year
 *Church Name: _____

 *City: _____ *Paid to Conference in: _____
 _____ Month _____ Year

*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: _____
Please keep a copy for your records Check this box if form was submitted online

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