

SOUTHEASTERN CALIFORNIA CONFERENCE OF SDA

Parsonage Exclusion Estimate for 2020

Name _____
(Please type or print)

I estimate my parsonage expense for 2020 to be:

- | | | |
|--|----|-------|
| 1. Purchase of Home (Down Payment, etc.) | \$ | _____ |
| 2. Rent or House Payments | \$ | _____ |
| 3. Utilities Expense | \$ | _____ |
| 4. Furniture Purchases | \$ | _____ |
| 5. Other Parsonage Expenses | \$ | _____ |

ESTIMATED TOTAL * PARSONAGE EXPENSE FOR 2020 \$ _____ *

***NOTE:** Because IRS regulations dictate that maximum allowable retirement contributions (under the new plan) be based on taxable income, it is imperative that your estimate for this year be as accurate as possible.

Signature _____ Date _____

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(For Office Use Only)

January – June _____

July – December _____

TOTAL _____

MAXIMUM PARSONAGE EXPENSE ALLOWED (Total x .80) _____

Note: This form and the 2019 Actual Expense form must both be completed and returned to conference treasury before your parsonage information is considered complete!