

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 ☐ South

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 does not 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 does not 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 J+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

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