Request for Maximum Tax-Sheltered Contribution Amount

Member Information

Legal Name (First) Employment Date (MM/DD/YYYY) MI Last		XXX-XX-
() Home Phone	() Work Phone	() Cell Phone	
B Salary Information	work i none	Cell I Holie	
Indicate tax year for which cal	culation is requested:		
Annual defined compensation	1		
1. Annual base salary ¹ (don't include amount designated as housing allowance)			\$
2. Social Security tax allowance ² (if you receive it)			\$
3. Total of (1) + (2)			\$
4. Housing (check [/] applicable box)			\$
□ Cash housing allowance (i	f housing is not provided) or		
\Box 30% of (3) (if housing is pr	covided)		
5. Household furnishings and utilities allowances (if housing is provided and allowances are paid to you)			\$
6. Annual defined compensation = Total of $(3) + (4) + (5)$			\$
Effective date of salary (MM/DI	D/YYYY)		
Employment status:			
How many hours are you scheduled to work?			Hours per week
How many months are you scheduled to work?			Months per year
1 Include base calery before protection	nafit contributions are deducted (preter retirement contribution	a florible coordine	

1. Include base salary, before pretax benefit contributions are deducted (pretax retirement contributions, flexible spending accounts, or transportation reimbursement accounts).

2. The Social Security tax allowance may be paid to reimburse pastors for a portion of self-employed Social Security taxes. Contact the IRS for *Form 1040-ES* to estimate the amount.

C Prior Contributions to Other 403(b) Plans

Tax-sheltered annuities, tax-deferred accounts, and other 403(b) accounts

Portico has a record of the amount you have contributed in prior years to your ELCA Retirement Plan account (pretax retirement contributions). However, to calculate your maximum contribution amount, the IRS requires this calculation to include prior amounts from **all** retirement plans in which you participated while in ELCA or predecessor church service. Please provide the total amount you have contributed in prior years to any other 403(b) plans.

Your total pretax retirement contributions for prior years \$____(include contributions to all 403(b) plans)

Do not include:

- Earnings
- Current year contributions
- Retirement plans other than 403(b) plans
- IRAs

D Current Year Contributions

Please provide the total amount of anticipated current-year contributions (in your name) to any of the following.		
1. Employer contributions to any 403(b) plan (not including the ELCA Retirement Plan)	\$	
2. Employer contributions to any 401(k) plan	\$	
3. Pretax retirement contributions to any 403(b) plan, other than the ELCA Retirement Pl	an \$	
4. Pretax retirement contributions to any 401(k) plan	\$	
5. Pretax flexible spending account contribution (Section 125 plans)	\$	

E For Portico's Use Only

Years of service		
Includible compensation	\$	
Current-year contributions		
• Total employer	\$	
 Housing equity ELCA Retirement Plan 	\$	
• Other 401(k)	\$	
• Other 403(b)	\$	
• Total FSA amount (health care and dependent care)	\$	
		Total \$
Portion of \$40,000 lifetime limit previously used	\$	
Portion of \$15,000 lifetime limit on additional deferrals previously used	\$	
Prior contributions		
• ELCA member paid	\$	
 Minus after-tax contributions 	<u>\$ (</u>)
 Previous member-paid withdrawals (principal) 	\$	
• Optional adjustments	\$	
		Total \$

Return this completed form to the Portico Service Center. Incomplete or illegible forms may be returned.

Portico Benefit Services 800 Marquette Ave., Ste. 1050 Minneapolis, MN 55402-2892

800.352.2876 / 612.333.7651 F 612.334.5399

mail@PorticoBenefits.org PorticoBenefits.org

