

ANNUAL PRIEST SALARY & DEDUCTION FORM

Diocese of Marquette

Parish _____

Priest Name _____

SS# _____

**Priest Payroll
Effective Date:** _____

	Amount
Monthly Salary	_____
Monthly State Withholding	_____
Monthly Federal Withholding	_____
Monthly 403(b) Contribution	_____
Monthly Flexible Benefit Contribution	_____

*These are the monthly amounts for my salary and deductions.
I understand that there cannot be any deduction for Social Security
And Medicare Taxes as a Priest of the Diocese of Marquette*

Priest Signature

Date _____

This information will be updated at least annually.