

FIRST FINANCIAL STEWARDSHIP ACCOUNTING

List possessions at an estimate of present value which you feel is fair to God and fair to you.

INVENTORY AS OF _____ Date

RESOURCES			
CASH AND SECURITIES			
CASH ON HAND	CHECKING ACCT.	SAVINGS ACCT.	
NOTES & MTGS. RECEIVABLE, STOCKS, BONDS, ETC.			
HOUSING			
HOME (Usually, Original Cost Plus Improvements)			
HOUSEHOLD INVENTORY (Furniture, Furnishings, Appliances, etc.)			
HOUSE CARE EQUIPMENT (Carpentry, Plumbing Tools, etc.)			
LAWN CARE EQUIPMENT (Lawnmower, Garden Tools, etc.)			
PERSONAL ASSETS			
APPAREL, JEWELRY, BOOKS, ETC.			
HOBBY EQUIPMENT, MUSICAL INSTRUMENTS, ETC.			
OTHER ASSETS			
CAR(S)		RECREATIONAL VEHICLES (Incl. boats)	
CASH VALUE OF LIFE INSURANCE (not face value), PENSION FUND, ETC.			
BUSINESS EQUITY & INVENTORY (Incl. agricultural interests)			
(V) TOTAL RESOURCES		(V) ▶	

LIABILITIES			
HOME MORTGAGE (Current Balance Due)			
NOTES AND LOANS PAYABLE (Current Balance Due)			
INSTALLMENT PLANS BALANCES (Current)			
ALL OTHER DEBTS			
(W) TOTAL LIABILITIES		(W) ▶	

TO FIGURE TITHING			
(Q) Subtract W from V to find accumulated increase (or net worth)			
(R) Multiply total tithing previously paid by nine			
(S) Subtract R from Q to find amount of accumulated increase still subject to tithing			
(T) Divide S by ten to find amount of tithing still due			
(U) (If this is a "New Start" statement, see Note 1)			
(Z) TOTAL TITHING DUE (Add U to T)		(Z) ▶	

REMARKS _____

DATE

First

____-____-____
JURISDICTION NUMBER

(1) BAPTISM REG. #

(2) BAPTISM REG. #

Inventory as of _____ Date

(1)	First	Middle	Family Name	Age
(1)	First	Middle	Family Name	Age
Permanent Address _____				
House Number and Street _____				
City _____		State or Province _____		Postal Code _____
Present Mailing Address _____				
(If different from above) _____				
Branch, Congregation, or Mission _____			District/Stake/Mission Center _____	
Signed _____			Date _____	
Signed _____				

NOTE: If this is a New Start Statement, some adjustment should be made for those expenditures out of increase which represents *intangible increase* that have been made since your last statement. This will include expenditures for gifts, charity, all contributions to the church, pleasure travel, tuition, books and fees for higher education, recreation, entertainment, cultural pursuits, etc. *One tenth* of the estimated total of such expenditures should be entered on Line U.

TITHING	
Q	<input type="text"/>
R	<input type="text"/>
S	<input type="text"/>
T	<input type="text"/>
U	<input type="text"/>
Z	<input type="text"/>

The entire form may be filed OR you may keep the left side for your records and file the right side after you copy lines Q through Z to the right side of the form, then tear on the perforations. The form(s) may be presented to your Bishop or Stewardship Commissioner.

BALANCE TITHING

Community of Christ

Fiscal Services

1001 W. Walnut, Independence, MO 64050-3562
Telephone 816/833-1000

ANNUAL FINANCIAL STEWARDSHIP ACCOUNTING

"Give an account of thy stewardship." — Luke 16:2

This Statement Covers Period from _____ through _____
(Use calendar year when possible)

INCOME			
(G) SALARY, WAGES (Before payroll deductions)			
INCOME from rental of property, investments, etc.			
INCOME from all other sources (including pension, etc.)			
(X) TOTAL INCOME FOR PERIOD	(X)	➔	

BASIC LIVING NEEDS			
(A) HOUSING			
A-1 INTEREST	R. E. TAXES		
A-2 REPAIRS, Maintenance, Ins., Rent			
A-3 UTILITIES (Fuel, Electricity, Water, Telephone)			
A-4 REPLACEMENT of Furnishings, H/H operations			
SUBTOTAL			
(B) GOODS AND SERVICES			
B-1 FOOD (Groceries, Meals Out, etc.)			
B-2 TRANSPORTATION (Operational costs of car, etc.)			
B-3 REPLACEMENT and Upkeep of Apparel			
B-4 PERSONAL CARE (Services and Supplies, etc.)			
B-5 MEDICAL CARE (Incl. Hosp. & Med. Ins., Drugs, etc.)			
SUBTOTAL			
(C) OTHER			
C-1 PERSONAL TAXES (Fed., State, Local); Soc. Sec. Payments			
C-2 OTHER CONSUMPTION (Dues, Bank Chgs., School Mtls., etc.)			
C-3 MISCELLANEOUS			
SUBTOTAL			
(Y) TOTAL BASIC LIVING NEEDS	(Y)	➔	

TO FIGURE TITHING			
(Q) Subtract Y from X to find increase for period covered by this statement			
(R) Divide Q by ten to find tithing due on increase for this period			
(S) Carry forward amount shown on line Z of your last statement			
(T) Add lines R and S			
(U) Total tithing paid during the period covered by this statement			
(Z) BALANCE TITHING DUE at close of period (Subtract U from T)	(Z)	➔	

REMARKS _____
SC-3 (REV. 5/01)

_____ DATE _____

Annual

_____-_____-_____
JURISDICTION NUMBER

(1) BAPTISM REG. #

(2) BAPTISM REG. #

Period from _____ through _____
(Use calendar year when possible)

(1)	First	Middle	Family Name	Age
(1)	First	Middle	Family Name	Age
Permanent Address _____				
House Number and Street				
City _____ State or Province _____ Postal Code _____				
Present Mailing Address (If different from above) _____				
Branch, Congregation, or Mission			District/Stake/Mission Center	
Signed _____			Date _____	
Signed _____				

NOTE: Be sure to carry forward to Line S the balance of tithing shown on previous statement (Line Z).
Make certain that Line U represents the total of tithing receipts issued to you bearing a date within the period covered by this statement.

TITHING	
Q	
R	
S	
T	
U	
Z	

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