EXHIBITS

1. COUNTING OF COLLECTIONS-TALLY SHEET
2. COUNTING OF COLLECTIONS-SUMMARY BOOK DEPOSIT FORM
3. NATIONAL AND DIOCESAN COLLECTIONS-SCHEDULE OF COLLECTIONS AND REMITTANCE ADDRESSES
4. FEDERAL PAYROLL REQUIREMENTS-FORM 941
5. CONTRIBUTIONS/DONATIONS RECEIVED-ACKNOWLEDGED RECEIPT LETTER TO DONOR
6. RECORD RETENTION-RECORD RETENTION SCHEDULE
COLLECTION TALLY SHEET

PARISH: ____________________________

DATE: ____________________________

PREPARES: ________________________

_______________________________

MASS(Day/Time): ____________________

TYPE OF COLLECTION: ___ Regular ___ Monthly ___ Stipends

___ Other: ________________________

<table>
<thead>
<tr>
<th></th>
<th>$</th>
<th>$</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOOSE BILLS</td>
<td></td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>LOOSE COINS</td>
<td></td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>LOOSE CHECKS</td>
<td></td>
<td></td>
<td>(2)</td>
</tr>
</tbody>
</table>

TOTAL LOOSE MONEY: ____________________________

ENVELOPES: BILLS

<table>
<thead>
<tr>
<th>COINS</th>
<th>CHECKS</th>
</tr>
</thead>
</table>

TOTAL ENVELOPES (1): ____________________________ (2)

TOTAL COLLECTION: ____________________________

1) TO BE POSTED TO PARISHIONER RECORDS.
2) TO BE POSTED TO DEPOSIT SUMMARY.
### SUMMARY OF BANK DEPOSIT

<table>
<thead>
<tr>
<th>ACCT</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4001</td>
<td>Sunday Ordinary</td>
<td>$________</td>
</tr>
<tr>
<td>4004</td>
<td>Holy Day Collections</td>
<td>$________</td>
</tr>
<tr>
<td>4005</td>
<td>Fuel &amp; Maintenance</td>
<td>$________</td>
</tr>
<tr>
<td>4007</td>
<td>Building Restoration</td>
<td>$________</td>
</tr>
<tr>
<td>5005</td>
<td>Marriages/Baptisms/Funerals</td>
<td>$________</td>
</tr>
<tr>
<td>6014</td>
<td>St. Vincent de Paul</td>
<td>$________</td>
</tr>
</tbody>
</table>

Total Deposit: $________

Checks: _________  
Bills: _________  
Coins: _________  
Envelopes: _________

Total Deposit: $________
2008
Diocese of Worcester - Schedule of Collections

Catholic University of America
Announce: December 30 (‘07)  Effective: January 6
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Catholic Home Missions Appeal
Announce: January 20  Effective: January 27
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

The Church in Latin America
First Sunday of Lent
Announce: February 3  Effective: February 10
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Catholic Relief Services
Fourth Sunday of Lent
Announce: February 24  Effective: March 2
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Annual Partners in Charity Appeal
Conducted in both Lent and Easter seasons, parish choice; No additional diocesan or parish campaigns during Appeal, other than ‘national collections;’ Envelopes not printed by the envelope company as the Partners in Charity Appeal produces and distributes its own materials.

Pontifical Collection for the Holy Land
Announce: March 16  Effective: Friday, March 21
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Catholic Communications Campaign
First Sunday in June
Announce: May 25  Effective: June 1
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Peter's Pence/for the Holy Father
Last Sunday in June
Announce: June 22  Effective: June 29
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Aid for Church in East/Central Europe
Second Sunday in August
Announce: August 3  Effective: August 10
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Annual Catholic Schools Appeal
Last Sunday in September
Announce: September 21  Effective: September 28
Remit to: Catholic Schools Office, 49 Elm Street, Worcester, MA 01609

Propagation of the Faith
Next to last Sunday in October, World Mission Sunday
Announce: October 12  Effective: October 19
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Campaign for Human Development
Sunday before Thanksgiving
Announce: November 16  Effective: November 23
Remit to: Finance Office, 49 Elm Street, Worcester, MA 01609

Retirement Fund for the Religious
Second Sunday in December
Announce: December 7  Effective: December 14
Remit to: Vicar for Religious, 49 Elm Street, Worcester, MA 01609
Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $900 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed $15,000 (Single) or $18,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

B Enter "1" if:
   1. You are single and have only one job; or
   2. You are married, have only one job, and your spouse does not work; or
   3. Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. (Entering "-0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under head of household above).

F Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

H For accuracy, complete all worksheets that apply.
   1. If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
   2. If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 (or $25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
   3. If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>Form W-4 (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMB No. 1545-0074</td>
</tr>
<tr>
<td>2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Type or print your first name and middle initial.</th>
<th>2 Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address (number and street or rural route)</td>
<td>3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the &quot;Single&quot; box.</td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
</tr>
<tr>
<td>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</td>
<td></td>
</tr>
<tr>
<td>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
<td></td>
</tr>
<tr>
<td>6 Additional amount, if any, you want withheld from each paycheck</td>
<td></td>
</tr>
<tr>
<td>7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
</tr>
<tr>
<td>- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</td>
<td></td>
</tr>
<tr>
<td>- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>8 Employer's name and address [Employer: Complete lines 8 and 10 only if sending to the IRS.]</td>
<td></td>
</tr>
<tr>
<td>9 Office code (optional)</td>
<td></td>
</tr>
<tr>
<td>10 Employer identification number (EIN)</td>
<td></td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q
MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee:
File this form or Form W-4 with your employer. Otherwise, Massachusetts income taxes will be withheld from your wages without exemptions.

Employer:
Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2.

2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.

3. Write the number of your qualified dependents. See Instruction D.

4. Add the number of exemptions which you have claimed above and write the total.

5. Additional withholding per pay period under agreement with employer $ ______________
   A. □ Check if you will file as head of household on your tax return.
   B. □ Check if you are blind.
   C. □ Check if spouse is blind and not subject to withholding.
   D. □ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed $6,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date: .................................... Signed: ..........................................................

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive withholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4." in line 2. Using "4." is the withholding system adjustment for the $4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1." to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF YOU CLAIM THE SAME NUMBER OF EXEMPTIONS FOR MASSACHUSETTS AND U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.
Form WR-1
Employer's Quarterly Report of Wages Paid

Name and address:

Total number of pages: ______________________
Federal Identification number ______________________
Total number of employees reported: ______________________
Total wages reported: ______________________

If calendar quarter/year: ______________________

Check below only if:
☐ First wage report for your business
☐ Final report for your business
☐ Amending previously-filed Form WR-1

Mail to: DOR Wage Reporting Unit, PO Box 7029, Boston, MA 02204.

Do not send any money with this form.

For taxpayer security, preprinted forms contain only the last four digits of employee Social Security numbers.

New employees not listed on the preprinted Form WR-1 must have the full Social Security number recorded.

Complete ALL fields below in full for each employee. Form WR-1 is due by the last day of the month following the end of the quarter.

<table>
<thead>
<tr>
<th>Employee Social Security number</th>
<th>Name of employee (please print or type)</th>
<th>List only one employee per line.</th>
<th>Wages paid this quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>123</td>
<td>45 6789</td>
<td>Last name:</td>
<td>First name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Middle initial:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dollars:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cents:</td>
</tr>
</tbody>
</table>

This form may be reproduced.
If you need more space, use Form WR-2.

Total number of employees reported on this page: __________
Total wages reported on this page: __________

I declare that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Signature ______________________ Date ______________________
Contact person name and telephone number ______________________
<table>
<thead>
<tr>
<th>a. Employee's social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer identification number (EIN)</td>
</tr>
<tr>
<td>c. Employer's name, address, and ZIP code</td>
</tr>
<tr>
<td>d. Control number</td>
</tr>
<tr>
<td>e. Employee's first name and initial</td>
</tr>
<tr>
<td>f. Employee's address and ZIP code</td>
</tr>
<tr>
<td>g. Employee's state ID number</td>
</tr>
<tr>
<td>h. State wages, tips, etc.</td>
</tr>
<tr>
<td>i. Social security wages</td>
</tr>
<tr>
<td>j. Medicare wages and tips</td>
</tr>
<tr>
<td>k. Social security tips</td>
</tr>
<tr>
<td>l. Medicare tax withheld</td>
</tr>
<tr>
<td>m. Federal income tax withheld</td>
</tr>
<tr>
<td>n. Nonqualified plans</td>
</tr>
<tr>
<td>o. See instructions for box 12</td>
</tr>
<tr>
<td>p. Retirement plan</td>
</tr>
<tr>
<td>q. Third-party health plan</td>
</tr>
<tr>
<td>r. Other</td>
</tr>
<tr>
<td>s. Local income tax</td>
</tr>
<tr>
<td>t. Locality name</td>
</tr>
</tbody>
</table>

**Form W-2 Wage and Tax Statement 2008**

*Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.*

*Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page*
Annual Summary and Transmittal of U.S. Information Returns

For Official Use Only

[Table with options]

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Instructions

What's new. After December 1, 2008, tape cartridges will no longer be accepted at the Enterprise Computing Center—Martinsburg (ECC—MTB). The only acceptable method of filing information returns with ECC—MTB will be electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically.

Where to file. The following changes have been made under Where To File.

- The general addresses have been changed to a three-line format.
- Form 1098-C is now filed at the Internal Revenue Service Center in Austin, Texas, or Kansas City, Missouri, based on the filer's location.

Purpose of form. Use this form to transmit paper Forms 1099, 1098, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Preadressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1099, 1098, or W-2G, file by March 2, 2009.
- With Forms 5498, 5498-ESA, or 5498-SA, file by June 1, 2009.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

[Blank lines for state and city information]

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Transmitting to the IRS. Group the forms by form number and transmit each group with a separate Form 1096. For example, if you must file both Forms 1098 and 1099-A, complete one Form 1096 to transmit your Forms 1098 and another Form 1096 to transmit your Forms 1099-A. You need not submit original and corrected returns separately. Do not send a form (1099, 5498, etc.) containing summary (subtotal) information with Form 1096. Summary information for the group of forms being sent is entered only in boxes 3, 4, and 5 of Form 1096.

Box 1 or 2. Complete only if you are not using a preaddressed Form 1096. Make an entry in either box 1 or 2; not both. Individuals not in a trade or business must enter their social security number (SSN) in box 2; sole proprietors and all others must enter their employer identification number (EIN) in box 1. However, sole proprietors who do not have an EIN must enter their SSN in box 2. Use the same EIN or SSN on Form 1096 that you use on Forms 1099, 1098, 5498, or W-2G.

Box 3. Enter the number of forms you are transmitting with this Form 1096. Do not include blank or voided forms or the Form 1096 in your total. Enter the number of correctly completed forms, not the number of pages, being transmitted. For example, if you send one page of three-to-a-page Forms 1099 with a Form 1096 and you have correctly completed two Forms 1098 on that page, enter "2" in box 3 of Form 1096.

Box 4. Enter the total federal income tax withheld shown on the forms being transmitted with this Form 1096.

Box 5. No entry is required if you are filing Forms 1099-A or 1099-G.

For all other forms, enter the total of the amounts from the specific boxes of the forms listed below.

- Form W-2G
- Form 1098
- Form 1098-C
- Form 1098-E
- Form 1098-T
- Form 1099-B
- Form 1099-C
- Form 1099-CAP
- Form 1099-DIV
- Form 1099-H
- Form 1099-INT
- Form 1099-LTC
- Form 1099-MISC
- Form 1099-OID
- Form 1099-PATR
- Form 1099-Q
- Form 1099-R
- Form 1099-SA
- Form 5498
- Form 5498-ESA
- Form 5498-SA

Final return. If you will not be required to file Forms 1099, 1098, 5498, or W-2G in the future, either on paper or electronically, enter an "X" in the "final return" box.

Corrected returns. For information about filing corrections, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G. Originals and corrections of the same type of return can be submitted using one Form 1096.
<table>
<thead>
<tr>
<th>1</th>
<th>Rents</th>
<th>$</th>
<th>4</th>
<th>Federal income tax withheld</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Royalties</td>
<td>$</td>
<td>5</td>
<td>Fishing boat proceeds</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>Other income</td>
<td>$</td>
<td>6</td>
<td>Medical and health care payments</td>
<td>$</td>
</tr>
</tbody>
</table>

**Miscellaneous Income**

| 7 | Nonemployee compensation | $ |
| 8 | Substitute payments in lieu of dividends or interest | $ |

| 9 | Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale | $ |
| 10 | Crop insurance proceeds | $ |

| 11 | Excess golden parachute payments | $ |
| 12 | Gross proceeds paid to an attorney | $ |

| 15a | Section 409A deferrals | $ |
| 15b | Section 409A income | $ |
| 16 | State tax withheld | $ |
| 17 | State/Recipient's state no. | $ |
| 18 | State income | $ |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page
**Form 941 for 2008: Employer’s QUARTERLY Federal Tax Return**

Report for this Quarter of 2008 (Check one):

- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1. Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) [ ]

2. Wages, tips, and other compensation [ ]

3. Total income tax withheld from wages, tips, and other compensation [ ]

4. If no wages, tips, and other compensation are subject to social security or Medicare tax: [ ]

5. Taxable social security and Medicare wages and tips:

   - 5a Taxable social security wages [ ]
   - 5b Taxable social security tips [ ]
   - 5c Taxable Medicare wages & tips [ ]

   Column 1: [ ]
   Column 2: [ ]

   - 5d Total social security and Medicare taxes (Column 2: lines 5a + 5b + 5c = line 5d) [ ]

6. Total taxes before adjustments (lines 3 + 5d = line 6) [ ]

7. TAX ADJUSTMENTS (read the instructions for line 7 before completing lines 7a through 7g):

   - 7a Current quarter’s fractions of cents [ ]
   - 7b Current quarter’s sick pay [ ]
   - 7c Current quarter’s adjustments for tips and group-term life insurance [ ]
   - 7d Current year’s income tax withholding (attach Form 941c) [ ]
   - 7e Prior quarters’ social security and Medicare taxes (attach Form 941c) [ ]
   - 7f Special additions to federal income tax (attach Form 941c) [ ]
   - 7g Special additions to social security and Medicare (attach Form 941c) [ ]

   7h TOTAL ADJUSTMENTS (combine all amounts: lines 7a through 7g) [ ]

8. Total taxes after adjustments (combine lines 6 and 7h) [ ]

9. Advance earned income credit (EIC) payments made to employees [ ]

10. Total taxes after adjustment for advance EIC (line 8 – line 9 = line 10) [ ]

11. Total deposits for this quarter, including overpayment applied from a prior quarter [ ]

12. Balance due (if line 10 is more than line 11, write the difference here.) For information on how to pay, see the instructions. [ ] Check one: [ ] Apply to next return [ ] Send a refund.

13. Overpayment (If line 11 is more than line 10, write the difference here.) [ ]

You MUST fill out both pages of this form and SIGN it.

**For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.**

Cat. No. 17001Z Form 941 (Rev. 1-2008)
Part 2: Tell us about your deposit schedule and tax liability for this quarter.
If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.
14: Write the state abbreviation for the state where you made your deposits or write "MU" if you made your deposits in multiple states.
15: Check one:
   □ Line 10 is less than $2,500. Go to Part 3.
   □ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.
   □ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.
16: If your business has closed or you stopped paying wages, enter the final date you paid wages.
17: If you are a seasonal employer and you do not have to file a return for every quarter of the year.

Part 4: May we speak with your third-party designee?
Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.
   □ Yes. Designee’s name and phone number:
   □ No.

Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here
Print your name here
Print your title here
Date / / Best daytime phone ( ) -

Part 6: For paid preparers only (optional)
Paid Preparer’s Signature
Firm’s name (for yours if self-employed)
Address
Date / / Phone ( ) -
Name: __________________________
Address: __________________________

This acknowledgement of your contribution to the Roman Catholic Bishop of Worcester is provided pursuant to section 170 (f) (8) of the Internal Revenue Code.

Date of Contribution: _______________
Cash Contribution: _______________

The Roman Catholic Bishop of Worcester did not provide any goods or services to you in whole or partial consideration for this donation.

Signed: ________________________________

Date: __________________________

file: cashcontrib
XVI. Records Retention

Introduction

The records retention guidelines for diocesan/parish records were prepared to assist dioceses and/or parishes in establishing control over routine records and to preserve records of permanent value. The list of records included is lengthy but not definitive. Each diocese/parish may have a series of records not mentioned here. Retention periods were devised based on canon law, state and federal statutes, and practical diocesan/parish realities. If questions arise regarding records-related issues, please contact the appropriate office at your diocese for additional information.

Records Retention Schedules

Records retention schedules represent the period of time that records must be kept according to legal and/or organizational requirements.

This document covers retention schedules for seven different groups of diocesan/parish records:

- Administrative
- Personnel
- Financial
- Property
- Cemetery
- Publications
- Sacramental

Within each group, different series are listed followed by a retention period. Records older than the retention period should be destroyed. Those of permanent value should be stored appropriately.

We have tried to list the majority of types of records that dioceses/parishes produce. If a series of records is not listed here, locate a similar record series in the list and apply that retention period.

A. Administrative Records
These records are produced in the course of the management of the affairs of the diocese/parish.

<table>
<thead>
<tr>
<th>Records Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstracts, deeds (property)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Annual reports to Chancery (\text{Status Animarum})</td>
<td>Permanent</td>
</tr>
<tr>
<td>Annual reports to the diocese/parish</td>
<td>Permanent</td>
</tr>
<tr>
<td>Articles of incorporation and bylaws</td>
<td>Permanent</td>
</tr>
</tbody>
</table>
United States Conference of Catholic Bishops

Bequest and estate papers (wills)  Permanent
Census records  Permanent
Contracts, inactive  7 years after end of contract
Correspondence, legal  Permanent
Correspondence, official (regarding diocesan/parish policies, diocesan/parish directive, etc.)  Permanent
Correspondence, routine  Review/discard biannually
Donor lists  Permanent
Endowment decrees  Permanent
Finance Committee minutes  Permanent
Historical file (newspaper clippings, photos, etc., related to diocese/parish)  Permanent
Insurance policies  Permanent
Inventories of property and equipment  Permanent
Leases  Destroy 7 years after expiration.
Liturgical minister’s schedules (altar servers, ushers, lectors, etc.)  Retain until superseded
Mass intention books  2 years
Office files, subject  Selective retention: retain those that document diocesan/parish administration and activities
Parish council constitutions  Retain until superseded
Parish council minutes  Permanent
Diocese/parish organization records (minutes, correspondence, publications, etc.)  Permanent
Photographs (relating to diocesan/parish history, clergy, parishioners)  Permanent
Policy statements  Permanent
Religious education reports (for the diocesan offices)  Permanent
Rosters of parishioners  Permanent
Subject files (correspondence, memos, rules, schedules, etc.)  Annual review; destroy superseded files biannually
Will, testaments, codicils  Permanent

B. Personnel Records
A personnel file should be maintained for each active diocesan/parish employee. That file should contain the following:

- Employee application
- Resume
- Eligibility verification form (I-9)
- Salary information
- Sick leave taken and accrued
- Vacation record
- Performance evaluations
- W-4 form

These records are confidential and should be made available only to diocesan/parish representatives with a legitimate right to know, unless their disclosure is compelled by some legal action. In many states, employees and former employees have the right to inspect their own personnel files. The diocese/parish/organization/employer has the right to require that the request be in writing and has a stated number of working days to comply with the request.

Several items likely to be in a personnel file are specifically excluded from mandatory inspection in many states:

- investigation of criminal offenses
- reference letters
- test documents
- materials dealing with staff management planning
- personal information concerning another employee that could, if released, be an invasion of privacy
- records relating to a pending legal claim that would be discoverable in court

<table>
<thead>
<tr>
<th>Records Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Permanent</td>
</tr>
<tr>
<td>Disability records</td>
<td>Permanent</td>
</tr>
<tr>
<td>Pension vesting files</td>
<td>Permanent</td>
</tr>
<tr>
<td>Retirement benefits</td>
<td>Permanent</td>
</tr>
<tr>
<td>Service records</td>
<td>Permanent</td>
</tr>
<tr>
<td>General</td>
<td>7 years after benefit termination</td>
</tr>
<tr>
<td>Permanent earnings and records</td>
<td>7 years after termination</td>
</tr>
<tr>
<td>Attendance records</td>
<td>7 years after termination</td>
</tr>
<tr>
<td>Employee contracts</td>
<td>7 years after termination</td>
</tr>
<tr>
<td>Employee salary schedules</td>
<td>7 years after termination</td>
</tr>
<tr>
<td><strong>Health and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Accident/injury reports</td>
<td>7 years</td>
</tr>
<tr>
<td>Employee medical complaints</td>
<td>7 years</td>
</tr>
<tr>
<td>Employee medical records</td>
<td>30 years from termination</td>
</tr>
<tr>
<td>Environmental test records/reports</td>
<td>Permanent</td>
</tr>
<tr>
<td>Hazardous exposure records</td>
<td>Permanent</td>
</tr>
<tr>
<td>Toxic substance explore reports</td>
<td>Permanent</td>
</tr>
<tr>
<td>Workers' compensation records</td>
<td>12 years after injury (filing), death, or last compensation payment</td>
</tr>
<tr>
<td><strong>Lay Personnel actions</strong></td>
<td></td>
</tr>
<tr>
<td>Applications rejected</td>
<td>1 year</td>
</tr>
<tr>
<td>Employee evaluations</td>
<td>2 years after termination</td>
</tr>
<tr>
<td>Personnel files, terminated</td>
<td>7 years</td>
</tr>
<tr>
<td>Termination records</td>
<td>7 years</td>
</tr>
<tr>
<td><strong>Salary administration</strong></td>
<td></td>
</tr>
<tr>
<td>W-2 forms</td>
<td>7 years from time of filing</td>
</tr>
<tr>
<td>W-4 forms</td>
<td>7 years from date of filing</td>
</tr>
<tr>
<td>Time cards</td>
<td>3 years from date of filing</td>
</tr>
<tr>
<td>Time sheets</td>
<td>3 years from date of filing</td>
</tr>
<tr>
<td>I-9 form</td>
<td>7 years after termination</td>
</tr>
</tbody>
</table>

http://www.usccb.org/bishops/dfi/retention.htm
3/27/2008
## C. Financial and Accounting Records

<table>
<thead>
<tr>
<th>Records Type</th>
<th>Financial</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Banking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank deposits</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Bank statements</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Cancelled checks</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Check registers/stubs</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit reports</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Balance sheets, annual</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Balance sheets, monthly/quarterly</td>
<td>Destroy after 1 year</td>
<td></td>
</tr>
<tr>
<td>Budgets, approved, revised</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Financial reports, annual</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Financial reports, monthly</td>
<td>Destroy after 1 year</td>
<td>Permanent</td>
</tr>
<tr>
<td>Financial statements</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td><strong>Investment/Insurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonds, cancelled</td>
<td>7 years from date of cancellation</td>
<td></td>
</tr>
<tr>
<td>Certificates of deposit, cancelled</td>
<td>3 years after redemption</td>
<td></td>
</tr>
<tr>
<td>Insurance policies/active</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Insurance policies/cancelled</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Letters of credit</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Mortgage records</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Securities sales</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Stock investment</td>
<td>7 years after sale</td>
<td></td>
</tr>
<tr>
<td><strong>Accounting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable invoices</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Accounts payable ledgers</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Accounts receivable ledgers</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Credit card statements/charge slips</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Invoices and paid bills, major building construction</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Invoices and paid bills, general accts</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Cash books</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Cash journals</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Cash journal, receipts on offerings and pledges</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Receipts</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Mortgage payments</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td><strong>Other Records</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General ledger/annual  Permanent
Journals, general and specific funds  Permanent
Journal entry sheets  7 years
Ledgers, subsidiary  7 years
Payroll journals  7 years
Payroll registers, summary schedule of earnings, deductions and accrued leave  7 years
Pension records  Permanent
Pledge registers/ledgers  7 years
Permanently restricted gift documents  Permanent
Temporarily restricted gift documents  7 years after meeting restrictions

Tax Records
Employment taxes, contributions, and payments, including taxes withheld, FICA  7 years from date of filing
W-2 forms  7 years from date of filing
W-4 forms  7 years from date of filing
IRS exemption determination letters, for organizations other than those listed in The Official Catholic Directory  Permanent
Form 990  Permanent
State tax exemption certificates (income, excise, property, sales/use, etc.)  Permanent

D. Property Records

Records Type  Retention Period
Architectural records, blueprints, building designs, specification  Permanent
Architectural drawings  Permanent
Deeds files  Permanent
Mortgage documents  Permanent
Property appraisals  Permanent
Real estate surveys/plots, plans  Permanent
Title search papers and certificates  Permanent

E. Cemetery Records

Records Type  Retention Period
Account cards (record of lot ownership and payments)  Permanent
Annual report  Permanent
Bank statements  7 years
Board minutes  Permanent
Burial cards (record of interred's name, date of burial, etc., alphabetically)  Permanent
Burial record (record of interred's name, date of burial, etc.)  Permanent
United States Conference of Catholic Bishops

Contracts documenting lot ownership
Correspondence

General ledger
Lot maps

F. Publications

Records Type
Anniversary books
Annual reports to the diocese/parish
Newsletters of the diocese/parish or affiliated organizations
Other diocese/parish-related publications
Parish bulletins

Retention Period
Permanent
Permanent
Permanent
Permanent
Permanent

G. Sacramental Records

Records Type
Baptism register
Confirmation register
First Communion register
Death register
Marriage register
Marriage case files

Retention Period
Permanent
Permanent
Permanent
Permanent
Permanent
Permanent

Notes