

Dear Client:

In order to help provide correct W-2's, we need information on potential taxable fringe benefits offered by your firm. You may need to consult with your accountant to complete this form. Please call me if you have any questions.

1) Sub-S Corporations Only: Are there any medical insurance premiums for shareholders paid through your business? Yes No

2) If yes, for each shareholder, what is the premium paid for the current year? (Attach additional sheets as necessary)

Name: _____ Annual Premium: \$ _____

Name: _____ Annual Premium: \$ _____

Name: _____ Annual Premium: \$ _____

3) Does the company pay for any of the following benefits: Long-Term Disability, Long-Term Care, or Short-Term Disability for the owners of the S-Corporation and/or their spouses? Yes No

If yes, what's the annual premium per owner/spouse?

Name	Annual Premium	LTD, LTC, or STD

4) Are any employees using a vehicle paid for or leased by the company for personal use? Yes No

5) If yes, please provide the following information for each employee (attach additional sheets as necessary):

	Employee 1	Employee 2	Employee 3
Name			
Vehicle description			
Date available			
Current year total miles			
Current year personal miles			
Fair market value on date available			
Number of days available for use			
Does the company pay for gas? Y or N			
FMV of Other Services (oil change etc)			

To the best of my knowledge, the information provided on this form is true, correct, and complete.

Company Name: _____ Title: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM BY DECEMBER 15th