

In an effort to understand your payroll needs for the preparation of W-2's for the calendar year 2018, please complete the following questionnaire if we are responsible for preparing your W-2 forms. If we are not preparing your W-2 forms, please disregard this questionnaire, or use it as a guide for items to be included on the W-2 forms that you are preparing.

YES      NO

Additional Medicare Tax:

Were any employees paid in excess of \$200,000 in the current calendar year?	_____	_____
If so, was Additional Medicare Tax of 0.9% withheld on compensation in excess of \$200,000?	_____	_____

Moving Expenses:

Were any relocation expenses reimbursed to an employee or paid to a third party for an employee's move?	_____	_____
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Personal Use of Company Cars:

Does the Company provide or lease any vehicles that owners or employees have access to use on a personal basis?	_____	_____
Has the personal use of the vehicle been reimbursed to the Company?	_____	_____

Health Insurance:

Does the Company provide health insurance benefits to its owners or employees (paid either to an insurance company directly, or to a labor union or other agent on behalf of its owners or employees)?	_____	_____
Is the Company an S Corporation?	_____	_____
Are any employees NOT in a multi-employer health plan?	_____	_____

Health Savings Account (HSA) Contributions:

Does the Company provide health savings account contributions to its owners or employees?	_____	_____
Are employee (non-owner) deferrals made through a Section 125 / Cafeteria Plan?	_____	_____
Is the Company an S Corporation?	_____	_____

Life Insurance:

Does the Company pay life insurance premiums for any owner or employee?	_____	_____
If so, is the Company the beneficiary of the policy?	_____	_____
Is the policy a group-term life insurance policy?	_____	_____
Is the policy valued at more than \$50,000 for any individual?	_____	_____

YES      NO

Bonuses, Awards and Prizes:

Were owners or employees paid bonuses or given awards which were not included in payroll?

\_\_\_\_\_

Educational Assistance:

Is educational assistance provided to employees?

\_\_\_\_\_

Loans to Employees:

Did the principal on any loan provided to an owner or employee exceed \$10,000 during the year?

\_\_\_\_\_

If so, what interest rate is the individual paying with the loan repayment?

\_\_\_\_\_

Have any loans been forgiven?

\_\_\_\_\_

Third-Party Sick Pay:

Did any employees receive third-party sick pay benefits?

\_\_\_\_\_

Retirement Plans:

Did the Company provide any retirement plans for its employees?

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If so, which employees were covered under the plan?

Which employees were active participants?

Cafeteria (Section 125) Plans:

Did the Company provide a Cafeteria (Section 125) or Flexible Spending Plan for its employees?

\_\_\_\_\_

If so, what options are included in the plan?

- Health, dental, vision insurance premiums
- Medical reimbursements
- Dependent care
- Health Savings Account (HSA) contributions
- Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deceased Employees:

Were any wages paid to beneficiaries of deceased employees?

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