

# Bollenback & Forret, P.A., CPAs

## 2019 Payroll Questionnaire

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Please answer the following questions and return to us by December 16, 2019.

1. Did you pay health insurance through the company:

YES NO For employees?

YES NO For S-Corporation shareholder(s) - greater than 2% and any spouse, child or family member?

➤ Type of coverage (*circle one*): Individual Family

➤ Amount paid in 2019 per shareholder: \_\_\_\_\_

➤ If you prepare your own W-2's, these amounts should be included on the W-2 in box 1 and box 14. ***If you use a payroll service, this information should be provided to your payroll representative.***

YES NO 2. Do you or your employees contribute to a HSA or FSA plan?

YES NO 3. Does the company have a Section 125 plan set up?

YES NO 4. Did you or any employee use a company vehicle for personal use?

➤ If yes, please visit our website at [www.bollenback.com](http://www.bollenback.com) for the 2019 Auto Worksheet for the "Employee Representation Regarding Use of Company Vehicle" package to calculate the amount to include in income. Please complete one worksheet for each employee and return to us before your last payroll or to ***your payroll representative if you use a payroll service.***

➤ The worksheet is located under the ***Guides*** tab in the "Year-End Tax Planning Letters" section.

5. Did the company pay disability insurance:

YES NO For employees?

YES NO For shareholder(s) – greater than 2% and any spouse, child or family member?

6. Did the company pay life insurance:

YES NO For employees?

YES NO For shareholder(s) – greater than 2% (who is the beneficiary of the policy(s))?

YES NO 7. Did you pay any individual, LLC or attorney that would require you to file a 1099? Please see 1099 Reporting Requirements and Examples information included in the "Important Year-End Payroll Information" Memorandum.

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Company Name

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Signature

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Date