In an effort to understand your payroll needs for the preparation of W-2’s for the calendar year 2021, 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.

Indicate if your company had any of the following items:

Y / N

COVID-19

[ ]  [ ]  Emergency Paid Sick Leave wages, subject to the $511 per day limit, that are for employees directly impacted by COVID-19.

[ ]  [ ]  Emergency Paid Sick Leave wages, subject to the $200 per day limit, that are for employees who are caring for someone else impacted by COVID-19.

[ ]  [ ]  Expanded Family Medical Leave for employees caring for their children whose school or place of care is closed.

[ ]  [ ]  Wages for qualified sick leave and family leave wages

[ ]  [ ]  Qualified health plan expenses on qualified sick and family leave wages

[ ]  [ ]  Advances received from filing Form(s) 7200

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?

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?

Y / N

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?

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?

**0.00%** 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?

Y / N

Retirement Plans

[ ]  [ ]  Did the Company provide any retirement plans for its employees?

 If yes, which employees were covered under the plan? (Provide list)

Which employees were active participants? (Provide list)

Cafeteria (Section 125) Plans

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

If yes, what options are included in the plan? (please check which options below)

[ ]  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?