## HEALTH, DENTAL, VISION INSURANCE FOR SHAREHOLDERS

Shareho	olders o	of S Cor	porations 1	nust rep	ort on their	: W-2	's the	e cost	of heal	th, de	ntal,
and vis	ion ins	surance	premiums	that th	e company	pays	on	their	behalf.	This	also
includes	s such	premiun	ns paid for	spouse	and childre	n of th	ne sh	areho	older.		

Please complete a separate sheet providing the information requested below for each shareholder who meets this criteria.

Estimates are not allowed and will create problems when processing your tax return so please provide the exact amount you will have paid during the <u>calendar</u> year.

This is time sensitive information that needs to be reported to on your December payroll.

Name of Shareholder
Annual Premium Paid January-December \$
1 mmaa 1 10 mma 1 ma 0 mmaa 1 2 000 me 01 4
Name of Health Insurance Company