

**Company Owned or Leased Vehicles**

We need the following information for any vehicle **titled in your businesses name or leased by your business** that you or an employee drives personally.

	Vehicle 1	Vehicle 2	Vehicle 3
Description of vehicle(s)			
	Vehicle 1	Vehicle 2	Vehicle 3
Beginning odometer <b>December 1 of last year</b>			
Ending odometer <b>November 30 of this year</b>			
A. Total miles driven for this 12-month period (Ending odometer – beginning odometer)			
B. Total <b>business</b> miles driven (non-commuting)			
C. Other miles driven (personal and commuting)			
Note: A must equal B + C			
D. Fair Market Value of <b>leased</b> vehicle(s) (leases only)			

**If your business usage goes under 50%, we must remove your vehicle from the corporate books and use the standard mileage rate to reimburse you.**

The following two questions must be answered “yes” in order to use the business deduction on a vehicle.

	Vehicle 1	Vehicle 2	Vehicle 3
Do you have evidence to support business use claimed?	Yes__ No__	Yes__ No__	Yes__ No__
Is the evidence written (this can include logs, appointment books, calendars, etc.)?	Yes__ No__	Yes__ No__	Yes__ No__

**Insurance**

Please answer the following questions regarding your business health insurance

	Yes	No
Did your business pay for <u>Individual</u> Health Insurance policies on behalf of you, your family, or your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cancel Health Insurance plans and go without insurance coverage for you or your employees? If yes, provide cancellation dates. _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you obtain Health Insurance through any Obamacare/ACA subsidized plans for you, your family, or your employees?	<input type="checkbox"/>	<input type="checkbox"/>

**Corporate Vehicle and Health Insurance  
 Questionnaire**

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

Did you reimburse yourself or any employee with company money for any Health Insurance that is not a Group plan sponsored by your company?

**If you answered 'Yes' to at least one of the above insurance questions, you need to contact us to discuss the ramifications. You may have violated provisions of Obamacare/ACA which must be corrected immediately, if possible.**

If you answered 'No' to all of the above insurance questions **AND** you had a Group Health Insurance plan in place **during the most recent prior calendar (Jan.-Dec.) year**, please complete the next two sections. Be sure to list separately your spouse or child and the amount(s) of insurance paid separately for them with your Group policy. If they are covered under a family provision of your Group plan, complete the total paid for you and your family in the spaces below.

	<u>\$ per Year</u>	<u>Yes</u>	<u>No</u>
Is Shareholder Health Insurance paid through the business? If yes, how much (including family coverage)?		<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Long-Term Care Insurance paid through the business? If yes, how much (including your spouse if applicable)?		<input type="checkbox"/>	<input type="checkbox"/>

	<u>\$ per Year</u>	<u>Yes</u>	<u>No</u>
Is Shareholder Life Insurance paid through your business? If yes, how much?		<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Disability Insurance paid through your business? If yes, how much?		<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Key Man Insurance paid by the business? If yes, how much?		<input type="checkbox"/>	<input type="checkbox"/>

Enter your business name, sign by typing your prepared by name, and date below.

Business Name: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this questionnaire to us NO LATER THAN DECEMBER 10 because this data will affect your last payroll deposit.**