

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)	_____	_____	_____
Beginning odometer 12/1/16	_____	_____	_____
Ending odometer 11/30/17	_____	_____	_____
A. Total miles driven for this 12-month period (Ending odometer – beginning odometer)	_____	_____	_____
B. Total business miles driven (non-commuting)	_____	_____	_____
C. Other miles driven (personal and commuting)	_____	_____	_____
Note: A must equal B + C			
D. Fair Market Value of leased 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 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 so, 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
 Year Ended December 31, 2017**

	<u>Yes</u>	<u>No</u>
Did you reimburse yourself or any employee through your company bank account for any Health Insurance that is not a Group plan sponsored by your company?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to at least one of the above insurance questions, you need to contact either Steve, Freida, or Audrey 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 2017, please complete the next two questions. 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 for 2017 (including family coverage)?	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Long-Term Care Insurance paid through the business? If yes how much for 2017 (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 for 2017?	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Disability Insurance paid through your business? If yes, how much for 2017?	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Key Man Insurance paid by the business? If yes, how much for 2017?	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please note: This is a "fill-in" (interactive) form. You may also download a copy of this form from www.macycpa.com. Type 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.