SMT & ASSOCIATES, INC.
2011 Fringe Benefits and W-2 Planning Questionnaire

Please respond by mail or fax no later than January 12, 2012

Company Name:

1. Who will be preparing your company's **Forms W-2** for this year?

☐ SMT & Associates or Complete Payroll ☐ Self-prepared

☐ Company does not intend to issue W2s ☐ Other _____

If SMT & Associates will NOT be preparing your W-2's please STOP, sign this form and fax back to our office. Otherwise, please continue.

2. As an S-corporation, does the company pay the health insurance premiums of employees owning more than 2% of the company? ☐ Yes ☐ No

3. If yes, what were the annual premiums paid for coverage (including family members) during 2011?

_____ $ _____
Employee Name Annual Premium

_____ $ _____
Employee Name Annual Premium

_____ $ _____
Employee Name Annual Premium

4. Were any of other fringe benefits provided by the corporation to 2% shareholders such as life insurance, disability insurance, or personal usage of a vehicle? ☐ Yes ☐ No

If yes, please explain and include amounts:

_____

_____

_____

_____

Signature of person completing this questionnaire.

_____ _____ _____
Signature Title Date

SMT & Associates, Inc.
380 N. Terra Cotta Rd., Unit H
Crystal Lake, IL 60012

Phone 815-788-5114
Fax 815-788-5118
email: info@smt-associates.com