

SMT & ASSOCIATES, INC.
2014 W-2 and Fringe Benefits Planning Questionnaire
Please respond by mail or fax no later than January 10, 2015

Company Name:

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

- SMT & Associates 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. Do you provide any of the following fringe benefits to your employees?

Type of Fringe Benefit	For 2014	For 2015
Health insurance premiums paid to any employee including a shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see box 3 below)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Health Savings Account (HSA)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Health flexible spending arrangement (FSA)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Personal use of automobile	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Retirement plan (401k, SIMPLE IRA, SEP, etc.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Group term life insurance	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
3 rd party sick pay	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

* A "Yes" answer may require additional information before W-2s can be processed. If this is the case, we will contact with follow-up questions.

3. If you paid health insurance premiums to a shareholder or related family member, and are taxed as an S-corporation, what were the annual premiums paid for coverage for you and any family members during 2014?

Employee Name	\$	Annual Premium
Employee Name	\$	Annual Premium
Employee Name	\$	Annual Premium

Signature of person completing this questionnaire.

Signature Title Date