

**S CORPORATION HEALTH INSURANCE PROVIDED TO 2% SHAREHOLDERS**

If your company pays for health insurance for a shareholder who owns 2% or more of the outstanding common stock of the company, please provide the information requested below. For the purpose of this fringe benefit, health insurance includes medical, dental and vision insurance. Complete one form for each shareholder.

Company name: \_\_\_\_\_

Shareholder's name: \_\_\_\_\_

Amount of premiums paid by the company during the year: \$ \_\_\_\_\_

Does the shareholder have access to a group health plan through his/her spouse? YES  NO

Have you acquired this plan through a health insurance marketplace (e.g. healthcare.gov)? YES  NO

If so, are you receiving any advance premium tax credit? YES  NO

Authorized signature: \_\_\_\_\_

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

*This information will be used to compute the taxable fringe benefit to be included on your W-2*