

Your Name or Business:

Your Address:

Your FEIN #

Please answer the following questions:

- 1) Do you have non-shareholder employees? Y N
- 2) Do you pay your employees health insurance? Y N
- 3) If yes, do you have a group plan? Y N

	Name of 2% or more Shareholder	Address	Social Security Number	Amount Paid for Health Insurance by Employer
1				
2				
3				
4				
5				
6				