



\*\*\* PLEASE RETURN BY MONDAY, DECEMBER 16, 2024 \*\*\*

**Health Insurance for Business Owners**

Tax law requires S Corporations and LLCs to make adjustments to W-2s and K-1s of owners for health insurance benefits paid by the company. **Health insurance benefits include medical, dental and vision insurance premiums and amounts contributed to HSA accounts.**

Please indicate below the owners' name and the amount of health insurance benefits paid by the company during 2024.

	Owner 1	Owner 2	Owner 3
Name			
Medical/Dental/Vision premiums paid by the company in 2024	Amount Paid: \$ _____	Amount Paid: \$ _____	Amount Paid: \$ _____
HSA account contributions paid by the company in 2024	\$ _____	\$ _____	\$ _____

Make copies of this form if additional space is needed

**NOTE – S Corporation shareholders and LLC members are prohibited from participating in Health Reimbursement Accounts (HRAs), Flexible Spending Accounts (FSAs) and Qualified Small Employer HRA's (QSEHRAs). If you have been receiving benefits under these types of plans, please contact us immediately.**

Company Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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Return via Fax 410-838-2859 or via Email [gina@bishopandadkins.com](mailto:gina@bishopandadkins.com)