



Shareholder name _____

Amount of total health insurance premiums paid from corporation _____
(Includes amounts paid for spouse/dependent children, up to 12 months)

Amount of total dental and/or vision premiums paid from corporation _____
(Includes amounts paid for spouse/dependent children, up to 12 months)

DO NOT include any disability and/or life insurance premium payments of any kind

Vehicles owned by your company (DO NOT COMPLETE IF USING MILEAGE-EXPENSE REIMBURSEMENTS)

Vehicle Make/Model _____

Vehicle Year _____

Total miles driven in 2014 _____

Total miles on odometer ending 2014 _____ (an estimate is allowed)

Personal usage percentage _____ (ex: 25% personal use)

ONE WAY commuting miles to work _____ (example: 13 miles from home to work)

Only complete the following if your company car is leased (not purchased and will be returned):

Monthly lease payment _____

Number of months leased during 2014 _____

Please return all completed items to Jason via email or fax
jbendik@pandolfoassociates.com
fax: 412-788-0407