

Payroll Questionnaire

Client/Business Name:

Please Fill Out The Information Below To The Best of Your Ability:

HEALTH INSURANCE PREMIUMS

For you and your family

- Do you pay for you or your family's health insurance through your business? YES NO UNSURE
- Do you have an HSA eligible health insurance plan? YES NO UNSURE
- Is your health insurance plan in the Corporation/LLC name or individual name?
Corp/LLC Individual Name

For your employees

- Do you pay for health insurance for any of your employees? YES NO UNSURE
- Are you aware of your employee's eligible enrollment dates for insurance? YES NO UNSURE

RETIREMENT ACCOUNT PLANS

For you and your family

- Do you contribute to a company retirement account for yourself? YES NO UNSURE
If YES – what type of plan do you have? (List Type of Plan):

For your employees

- Do you offer any type of retirement account to your employees? YES NO UNSURE
If YES – what type of plan do you have? (List Type of Plan):
- Do you know your employee's eligible enrollment dates for your plan? YES NO UNSURE
- Have you enrolled all eligible employees in your plan? YES NO UNSURE

**** Please provide Capocore Professional Advisors a copy of your current retirement account plan documents****

OTHER EMPLOYEE BENEFITS

Employee reimbursements

- Do you reimburse your employees for business expenses on a regular basis? YES NO UNSURE
- Do you have a written policy for this? Referred to as an "Accountable Plan" YES NO UNSURE
- Do your employees provide you with documentation for these expenses? YES NO UNSURE

Cell phone

- Do you provide employees with company vehicles to use off hours or for personal use?
YES NO UNSURE
- Do you provide employees with a company cell phone to use off hours or for personal use?
YES NO UNSURE
- Do you add any personal use of cell phone or auto to their wages/salary?
YES NO UNSURE
- Do you provide any other non-wage benefits to your employees?
YES NO UNSURE

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Please check the option that applies – all questions will need to be completed.

Worker’s Compensation Insurance

- Do you have a current worker’s compensation policy to cover all your employees?
YES NO UNSURE

(Note: Owners, officers, and family members are exempt from workers’ comp.)

Employee Labor Law Compliance

- Do you have salaried employees? YES NO UNSURE
- Are you currently paying the state minimum wage to your employees? YES NO UNSURE
- Do you have employees working in any state other than Michigan? YES NO UNSURE
If YES – please list which states? (List States):
- Are you compliant with all current employee overtime laws? YES NO UNSURE
- Do you provide any paid time off (PTO)? YES NO UNSURE
- Do you have all current labor law posters and notices posted in your workplace?

INDEPENDENT CONTRACTORS

Payments to non-employees

- Do you pay anyone as a 1099 independent contractor?
YES NO UNSURE

If you answered “YES” above, please complete this section.

- Do you have a written contract with your service providers?
YES NO UNSURE
- Do they all meet the IRS standard to be viewed as an independent contractor?
YES NO UNSURE
- Do your contactors have their own insurance?
YES NO UNSURE

RESOURCES FOR YOU TO ACCESS

You can access these websites for more information about ‘employer’ responsibilities.

- Michigan Department of Labor: <https://www.michigan.gov/lara>
- US Department of Labor: <http://www.dol.gov/>

DISCLOSURE: This checklist is intended to cover broad areas of compliance issues our clients (as employers) face today. Capocore Professional Advisors does not provide any legal advice, nor does Capocore Professional Advisors act as your employee benefits provider or administrator. This checklist is not meant to be “all inclusive” of employment related issues that could potentially arise. If you have a more detailed need of employment issues, please consult with your legal counsel, or Capocore Professional Advisors CAN refer you to legal counsel who can address your specific issues.

ACKNOWLEDEMENT: I hereby verify the information represented in this compliance checklist is completed to the best of my knowledge. I understand that any areas of non-compliance will need to be corrected. Capocore Professional Advisors can assist you with what options you might have and help you determine the correct course of action.

SIGNATURE

DATE

PRINTED NAME