ChoicePay
PAYROLL

S-Corporation Officer Health Insurance

Please fax or mail completed form to ChoicePay:
Fax: *(315) 432-9866* | Mailing Address: *ChoicePay, 6311 Fly Road, East Syracuse, NY 13057*

Generally, include amounts paid for health, dental, vision, and similar insurance for greater than 2% S-Corporation shareholders. You may add the total for each shareholder, and provide on a per shareholder basis.

Employer Name: _____

For the calendar year ending: _____

Shareholder Name	**Total Insurance Premiums Paid**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Attach additional sheets if necessary