



# FORM 720 WORKSHEET

Employer's Name \_\_\_\_\_

Plan ending date?

Prior to October 1, 2015?

On or After October 1, 2015?

If you do not know it is likely your tax year end for the previous tax year. For individuals that would be December 31, 2015 and the fiscal year for corporations.

Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

If Yes, Please answer the following. If not, there is no need to complete this form.

1. Number of Shareholder Covered \_\_\_\_\_
2. Number of Shareholder Dependents Covered \_\_\_\_\_
3. Number of non-Shareholders Covered \_\_\_\_\_
4. Number of non-Shareholder Dependents Covered \_\_\_\_\_

Total Number of Covered Persons \_\_\_\_\_

Do You have a Medical Reimbursement Plan?

Yes \_\_\_\_\_ NO \_\_\_\_\_