

FORM 720 WORKSHEET

Employer's Name _____

Tax ID # _____ - _____

Address _____

_____, _____

Yes _____ NO _____

Plan ending date?

Prior to October 1, 2017?

On or After October 1, 2017?

If you do not know it is likely your tax year end for the previous tax year. For individuals that would be December 31, 2017 and the fiscal year for corporations.

Total Number of Covered Employees _____

Do You have a Medical Reimbursement Plan?