

# Fringe Benefits Checklist

Company ID: \_\_\_\_\_ Company Name: \_\_\_\_\_

Are the following items applicable to your company? If these fringe benefits have not been recorded in our system for current year, please supply a list of employees and taxable amounts.

1. Third-party sick pay (attach copy of report from insurance company)  Yes  No
2. Is insurance company issuing W-2?  Yes  No
3. Personal usage of company auto, cell phone, laptop  Yes  No
4. Excess per diem payments  Yes  No
5. Payments under "nonaccountable" reimbursement plans  Yes  No
6. Group life insurance in excess of \$50,000 coverage  Yes  No
7. Moving expenses – taxable  Yes  No
8. Moving expenses – nontaxable (paid directly to employee)  Yes  No
9. Employer HSA, HRA or other medical savings contributions  Yes  No
10. If you are an "S" corporation, health insurance premiums paid for more than 2% of shareholders  Yes  No
11. Taxable education expenses  Yes  No
12. Deferred compensation  Yes  No
13. Awards, prizes, gifts, stock options  Yes  No
14. Military pay, differential  Yes  No
15. Other taxable fringe benefits (include explanation)  Yes  No

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**Authorized Contact (Signature)**

**Date**

After completing, please email to your Payroll Specialist.

Support: [support@crestent-payroll.com](mailto:support@crestent-payroll.com), 504-301-3318

