



## EMPLOYER-PROVIDED LIFE INSURANCE WORKSHEET

If your Company pays for a life insurance policy with a death benefit of more than \$50,000 for any one individual and the beneficiary is someone other than the Company, provide the information requested below. Complete a separate worksheet for each policy.

Please note that 2% or greater S Corporation shareholders do not qualify for the \$50,000 exclusion.

**Report all life insurance for 2% or greater S Corporation shareholders.**

Company name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Employee's age on December 31, 2025 \_\_\_\_\_

Type of coverage (e.g. term, whole life): \_\_\_\_\_

Face amount of policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Cash value: \_\_\_\_\_ As of: \_\_\_\_\_

Amount of premiums paid by the company \_\_\_\_\_

Amount of premiums paid by employee (if any): \_\_\_\_\_

This information will be used to compute the taxable fringe benefit to be included on your W2. If your Company does not provide life insurance, please sign the statement at the bottom of this letter and return it to our office.

\_\_\_\_\_

\_\_\_\_\_ At this time, our Company does not provide life insurance for its employees or owners.

Signed \_\_\_\_\_