



## Fringe Benefit Preparation Questionnaire

Please answer the following questions concerning your Fringe Benefits. If your company has MORE than one TYPE of Fringe Benefit, you will need to submit a separate copy of this form for EACH different benefit type.

**Please Indicate your preferences  
In the following Section:**

Who will be paying the FICA TAX? **Company** or **Employee**

**What type of Fringe Benefit (circle one):**

Auto                      2% Shareholders Ins. (FICA Taxable)  
Child Care              GTLI                      2% Shareholders Ins. (Non-FICA Taxable)              Moving  
Expense                      125 Plan Dependent Care                      Other \_\_\_\_\_

Employee Name/EE No      Fringe Benefit Amt \$

Employee Name/EE No.      Fringe Benefit Amt\$

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$

11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$
19		\$
20		\$

Please fax completed form to (630) 368 - 3900

Company number: \_\_\_\_\_ Company Name \_\_\_\_\_

Your Payville USA Customer Service Rep. \_\_\_\_\_ Completed By: \_\_\_\_\_

Please contact: \_\_\_\_\_ at ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ concerning Fringe Benefit Q & A on our co.

Is this contact your Accountant/CPA? Yes or No

For Internal Use Only

Fringe Benefit Coordinator: \_\_\_\_\_ Record Print cc: \_\_\_\_\_ Date Input: \_\_\_\_\_ CK DT: \_\_\_\_\_

Run#: \_\_\_\_\_ TED Rec: \_\_\_\_\_ W-2 Box #: \_\_\_\_\_ Audit: \_\_\_\_\_ Release: \_\_\_\_\_