

WICKENS HERZER PANZA

RE: Corporate Year-End Matters

Please complete or forward to your accountant for completion and return to the attention of Mary McCarty of our office by mail, by e-mail to [MMcCarty@WickensLaw.com](mailto:MMcCarty@WickensLaw.com), or by fax to (440) 695-8098. Thank you!

**FOR-PROFIT YEAR-END MATTER INFORMATION SHEET**

CORPORATION \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_

CLIENT NO. \_\_\_\_\_

Number of Employees: \_\_\_\_\_  
 Does Corporation have Workers' Compensation coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Policy Number: \_\_\_\_\_

\_\_\_\_ (A-1) **DIVIDENDS / DISTRIBUTIONS:**  
 Date Declared: \_\_\_\_\_ Amount Per Share: \$ \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_

\_\_\_\_ (A-2) **SHARE TRANSFERS/GIFTS:**  
 Have you in the past year transferred/gifted shares in your Corporation? No \_\_\_\_\_ Yes \_\_\_\_\_  
 Do you intend to transfer/gift shares in the current year? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_ (B) **401(k) / PROFIT-SHARING:** Total Amount (or percentage) contributed to Plan: \$ \_\_\_\_\_ or \_\_\_\_\_ %

\_\_\_\_ (C) **TOTAL COMPENSATION** (Basic Salary PLUS all bonuses) paid to **key, management employees** (Shareholders, Directors, Officers) during the fiscal year:

<u>Name of Employee</u>	<u>Basic Salary (According to Employment Agreement)</u>	<u>TOTAL Bonuses Paid*</u>	<u>If Accrual Basis Taxpayer, TOTAL Bonuses Accrued</u>	<u>TOTAL COMPENSATION</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

\*Please also list bonuses in Item (D), below:

\_\_\_\_ (D) **BONUSES:** All other employees. (Please attach additional sheets, if necessary)

<u>Name of Employee</u>	<u>Bonus Paid</u>	<u>Date Paid</u>	<u>Bonus Accrued</u>	<u>Date Accrued</u>	<u>Was this a Holiday Season Bonus?</u>
_____	\$ _____	_____	\$ _____	_____	No _____ Yes _____
_____	\$ _____	_____	\$ _____	_____	No _____ Yes _____
_____	\$ _____	_____	\$ _____	_____	No _____ Yes _____
_____	\$ _____	_____	\$ _____	_____	No _____ Yes _____
_____	\$ _____	_____	\$ _____	_____	No _____ Yes _____

\_\_\_\_ (E) **SALARY INCREASES:**

<u>Name of Employee</u>	<u>Effective Date</u>	<u>Old Salary</u>	<u>New Salary</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

\_\_\_\_ (F) **MAJOR CORPORATE CAPITAL EXPENDITURES:** (Over \$5,000.00):\*\*

<u>Item</u>	<u>Date Purchased</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\*\* (Note — If item purchased/sold was an automobile, list whether it was (a) purchased, or (b) sold, total purchase/sale price, date purchased/sold, year and make of car, indicate if car is for Corporate use only (or the particular person that will be using car) and give details (if applicable) for financing, (e.g., financing institution, amount borrowed, date borrowed, interest rate and payment schedule).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ (G) **SEMINARS AND CONVENTIONS ATTENDED:**

<u>Date Attended</u>	<u>Date Expenses PAID</u>	<u>Place</u>	<u>Subject</u>	<u>Attendees</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_ (H) **MISCELLANEOUS TRANSACTIONS** (e.g., institution of benefit plans (e.g. Medical, Group-Term Life, Disability, Employee Expense Reimbursement Accountability), real estate or equipment leases, amendments to the Articles of Incorporation or Regulations, fiscal year changes, statutory agent changes, change of business address, contributions for charitable, advertising and promotional expenses, directors' fees, membership dues, reimbursement of expenses, etc.) Please give important details (e.g. date, amounts, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ (I) **No change in Officers and/or Directors (check if applicable).**

\_\_\_\_ (J) **If (I), above, not checked, then please list Officers and/or Directors.**

President: \_\_\_\_\_ Secretary: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Other (if any): \_\_\_\_\_

Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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