



2025 YEAR END MASTER CHECKLIST

Phone: (262) 574-1500

Fax: (262) 547-1850

Email: payroll@payrollexpressusa.com

Company Code: _____ Company Name: _____

Completed by: _____ Phone: _____

RETURN BY DECEMBER 5, 2025

The Social Security Administration requires that the electronically submitted W-2s we file on your behalf include an employer email address to send notifications and/or inquiries. Please indicate the email address you would like us to use below.

EMAIL: _____

EMPLOYEE DATA VERIFICATION

- ☐ I have reviewed my employee data and have no changes.
- ☐ I have reviewed my employee data and will make the necessary changes online.
(This must be done on or before the payroll with the last check date in 2025)
- ☐ I have reviewed the employee data and have submitted the changes I would like made.

BONUS PAYROLL

- ☐ Our company will not be processing a bonus payroll.
- ☐ Our company will be issuing bonus checks with our regular payroll dated: _____
- ☐ Our company will issue bonus checks on a separate payroll. Insert a payroll dated: _____

BONUS INSTRUCTIONS:

- ☐ Issue bonus checks as live checks (no direct deposit).
- ☐ Issue bonus checks as separate checks.
- ☐ Change the tax frequency to: _____
- ☐ Deduction instructions: _____

AUTO USE

- ☐ Our company has no personal use of company auto to report.
- ☐ Our company has personal use of company automobiles.

The IRS requires that any personal use of company automobiles is reported on an employee's W-2. In the table below please enter the appropriate information so that we may calculate employee's auto use. In the second column indicate "Y" if the employer paid for gas and "N" if gas was paid for by the employee. If you need further assistance, please contact your accountant.

Please Note: The IRS allows you to cut off your Personal Auto Use calculations as of October 31st. November and December's mileage may then be added to next year's calculations.

2025 Auto Use					
Employee Name (Last, First)	Company Paid Gas (Y/N)	Make Model Year	Fair Market Value (\$)	2025 Personal Miles	2025 Total Miles

SELF-EMPLOYED HEALTH (Sub S Corporations)

- ☐ Our company is **not** a Sub S Corporation
- ☐ Our company is a Sub S Corporation, but does **not** provide health benefits to shareholders.
- ☐ Our company is a Sub S Corporation and provides health benefits to shareholders.

If you own 2% or more of a Sub-Chapter S Corporation and your business provided health insurance for you, it needs to be reported on your W-2. The premiums are considered federal and state income. They will be offset by a deduction on your personal tax return. If the premiums are discriminatory (insurance not provided to eligible employees) they are subject to Social Security & Medicare taxes. The premiums are NOT subject to Federal Unemployment or State Unemployment Taxes.

Please report your annual premiums below:

2025 Sub S Health		
≥ 2% Shareholder Name:	2025 Annual Insurance Premiums:	Discriminatory (Y/N)



EMPLOYER-SPONSORED HEALTH BENEFITS W-2 REPORTING:

- ☐ Our company does **not** have health insurance.
- ☐ Our company has health insurance.

In accordance with the Affordable Care Act, employers must report the value of health insurance provided to employees in 2025 on their W-2s. This includes the **employee premiums and employer contributions**. Please note that if you filed fewer than 250 W-2s in 2024, this reporting is optional. The amounts reported are not taxable on the employee’s W-2 and are only used for reporting purposes.

Please report your annual premiums below. If you need additional space, you may attach additional pages.

	<u>Employee Name:</u>	<u>2025 Premiums:</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
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22.		
23.		
24.		
25.		

Form W-2 Reporting of Employer-Sponsored Health Coverage

Coverage Type	Form W-2, Box 12, Code DD		
	Report	Do Not Report	Optional
Major medical	X		
Dental or vision plan not integrated into another medical or health plan			X
Dental or vision plan which gives the choice of declining or electing and paying an additional premium			X
Health Flexible Spending Arrangement (FSA) funded solely by salary-reduction amounts		X	
Health FSA value for the plan year in excess of employee's cafeteria plan salary reductions for all qualified benefits	X		
Health Reimbursement Arrangement (HRA) contributions			X
Health Savings Arrangement (HSA) contributions (employer or employee)		X	
Archer Medical Savings Account (Archer MSA) contributions (employer or employee)		X	
Hospital indemnity or specified illness (insured or self-funded), paid on after-tax basis		X	
Hospital indemnity or specified illness (insured or self-funded), paid through salary reduction (pre-tax) or by employer	X		
Employee Assistance Plan (EAP) providing applicable employer-sponsored healthcare coverage	Required if employer charges a COBRA premium		Optional if employer does not charge a COBRA premium
On-site medical clinics providing applicable employer-sponsored healthcare coverage	Required if employer charges a COBRA premium		Optional if employer does not charge a COBRA premium
Wellness programs providing applicable employer-sponsored healthcare coverage	Required if employer charges a COBRA premium		Optional if employer does not charge a COBRA premium
Multi-employer plans			X
Domestic partner coverage included in gross income	X		
Governmental plans providing coverage primarily for members of the military and their families		X	
Federally recognized Indian tribal government plans and plans of tribally chartered corporations wholly owned by a federally recognized Indian tribal government		X	
Self-funded plans not subject to Federal COBRA			X
Accident or disability income		X	
Long-term care		X	
Liability insurance		X	
Supplemental liability insurance		X	
Workers' compensation		X	
Automobile medical payment insurance		X	
Credit-only insurance		X	
Excess reimbursement to highly compensated individual, included in gross income		X	
Payment/reimbursement of health insurance premiums for 2% shareholder-employee, included in gross income		X	
Other Situations	Report	Do Not Report	Optional
Employers required to file fewer than 250 Forms W-2 for the preceding calendar year (determined without application of any entity aggregation rules for related employers)			X
Forms W-2 furnished to employees who terminate before the end of a calendar year and request, in writing, a Form W-2 before the end of that year			X
Forms W-2 provided by third-party sick-pay provider to employees of other employers			X

IRS.GOV

1094/1095 Reporting:

If you are a company that had more than 50 full-time or full-time equivalent* employees in 2024, issued 250 or more W-2s in 2024, or you are a small employer that offered a self-insured plan you will be subject to these reporting requirements.

Payroll Express will be offering tools and reporting to ensure compliance with these requirements.

*Full-time employee (FT): Is employed an average of 130 service hours/calendar month during the prior year.

*Full-time equivalent employee (FTE): Calculated by combining the number of service hours of non-full-time employees for the month divided by 120.

Am I a Subject Employer?

YES/NO I offer a self-insured group plan for employees.

YES/NO I remitted more than 250 W-2s in 2024

YES/NO I had more than 50 full-time or full-time equivalent employees in 2024

****NOTE:** Affiliated employers with common ownership must aggregate their employees before determining subjectivity.

Payroll Express will be offering Employer-Provided Health Insurance Offer and Coverage reporting (forms 1094/1095) for subject employers.

- ☐ I am not a subject employer.
- ☐ I am a subject employer. I do not want to utilize Payroll Express reporting.
- ☐ I am a subject employer. Please complete the questionnaire below and Payroll Express will contact you about creating your 1094/1095 forms.

2025 Affordable Care Act Questionnaire

1. Does the employee pay any portion of their health benefits? **YES/NO**
2. If yes, what is the monthly percentage/amount the employee is responsible for contributing?
_____ (\$ / %) **PER MONTH**
3. Employees are eligible for health benefits:
_____ **DAYS/ MONTHS** from **HIRE DATE/ FIRST FULL MONTH AFTER HIRE.**
4. When is the plan renewed? _____
5. What is the current lowest cost (includes employee/employer premiums) monthly premium for self-only minimum value coverage?
\$ _____ **PER MONTH**
6. If the plan renewal is any month other than January, what was the previous lowest cost (includes employee/employer premiums) monthly premium for self-only minimum value coverage?
\$ _____ **PER MONTH**

