



Payroll Information Census

For the year ended **2020**

Return no later than December 20th

NOTE: NY minimum wage for pay dates after 12/31/2020 will be \$12.50 for regular wages and \$8.35 for tipped wages if tips are at least \$4.15/hour.

Employer name _____

Did any employee(s) receive COVID 19 Sick & Family Leave pay?

If so, please provide a list of employee(s) and the amounts they were paid.

Did you receive a PPP Loan?

If not, did you have any employees eligible for the Employee Retention Credit?

If so, please provide a list of employee(s) who received the Employee Retention Credit and the amounts they were paid.

BUFFALO

36 Niagara Street
Tonawanda, NY 14150
P: (716) 694-0336

COOPERSTOWN

55-57 Grove Street
Cooperstown, NY 13326
P: (607) 282-4161

ONEONTA

189 Main Street, Suite 302
Oneonta, NY 13820
P: (607) 432-3462

PERRY

199 S. Main Street, PO Box 1
Perry, NY 14530
P: (585) 237-3887

ROCHESTER

150 State Street, Suite 301 A
Rochester, NY 14614
P: (585) 410-6733

VICTOR

6536 Anthony Drive, Suite B
Victor, NY 14564
P: (585) 410-6733

1. How much is paid in health insurance for each shareholder/member/partner?
Please list each partner or shareholder and the amount paid for each individual and their spouse, if applicable.

2. How much is paid in long-term care insurance for each shareholder/member/partner? Please list each partner or shareholder and amount paid for each individual and their spouse, if applicable.

3. Do you offer or pay health insurance for your employees?
(If yes, please complete item 14)

4. If so, is there a group plan in the employer name?

Or do you pay insurance direct on behalf of, or reimburse employee for insurance they have obtained on their own? Provide details

5. Is dependent (family) health insurance *available* to your employees?

6. Do you provide housing free to your employees?

(If yes, please provide details in Section 13 as indicated.)

7. Did any of your employees receive disability insurance benefits during the year?

If so, please obtain a year-end statement from the insurance copy and forward to us as soon as possible.

Additional information regarding disability insurance received by employees

Note: We MUST have insurance company recap which details taxable portion and non-taxable portion).

8. If you employed your spouse or children, please provide details. (Who, relationship and age if children).

Additional information regarding employment of spouse or children:

9. If you paid any bonuses to your employees, whether Holiday (Christmas?), quality, non-match contributions to their retirement accounts or other, and those bonuses were not reported to us previously to include in their payroll, provide a list off that information now as it MUST be in their W-2 if over \$25 for the year.

Additional information regarding bonuses:

10. Did you fund any HSA (health Savings Accounts) for any of your employees?

If so, please give us totals of amount funded for the calendar year in the section indicated.

Additional information regarding HSA Funding:

11. Do you have any outstanding loans or advances for employees who were terminated during the year?

If so, this must be included in their W-2. Please provide detail as to amount and employee in the section indicated.

Additional information regarding outstanding loans terminated employees:

12. Did you pay any loans, car payments or cash rents on behalf of any employees?

If so, how much during the calendar year 2019?

13. **Please give us the following information pertaining to employee housing:** If you have been providing us the information quarterly for your payroll, just provide the information for the fourth quarter and circle "quarterly" in the first column heading.

Name Annual / quarterly	From (Date)	To (Date)	Fair Value Total	Employee Contributions (deducts from pay)

14. Please list all employees and indicate the type and cost of the health insurance plan. If they are not covered by health insurance, please list them anyway and leave the spaces blank. **If you do not purchase your insurance through New York Shop (Employer's Exchange) you need only complete the first three columns.**

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