

SMALL BUSINESS HEALTH CARE TAX CREDIT ELIGIBILITY FORM

YOU MAY BE ELIGIBLE...

to receive a tax credit of up to 35% of your share of health, dental, and vision insurance premiums or benefit plan payments.

If you pay at least 50% of the cost of employee premiums continue to Step 1.

ELIGIBILITY WORKSHEET

1

Determine the total number of your employees (**not counting owners or family members**):


(a) Full-time employees: _____ (enter the number of employees who work at least 40 hours per week)

+

(b) Full-time equivalent of part-time employees: _____ (calculate the number of full-time equivalents by dividing the total annual hours of part-time employees by 2080.)

=

(c) Total number of employees: _____ (add the amounts in 1(a) plus 1(b)). Also enter on 2(b) *

* If more than 25 employees  you do not qualify for the credit. If less than 25 employees go to Step 2.

2

Calculate the average annual wages of employees (**not counting owners or family members**):


(a) Take the total annual wages paid to employees: _____

÷

(b) Total number of employees from (1c): _____

=

(c) Average wages: _____ (divide 2(a) by 2(b) total wages ÷ number of employees) **

**If average wage is greater than \$50,000  you do not qualify for the credit. If less than \$50,000 go to Step 3.

3

Send the worksheet and copies of all insurance premium invoices paid in 2011 to Stewart, Archibald, & Barney, LLP. (*Invoices must list individual employee premiums. This includes health and welfare benefits paid to Trust Funds.*)