

ANNUAL MINUTES CHECKLIST

(Please Remember to Include a Copy of Your Tax Return.)

NAME OF CORPORATION _____ FISCAL YEAR ENDING _____
 NAME OF ALL DOCTORS _____ OFFICE PHONE _____
 EMAIL ADDRESS _____

CPA NAME AND ADDRESS: _____

 Tel: _____ Email: _____

_____ (A) **REVENUES:** _____ **Prior Year:** _____
BUSINESS INCOME: _____ **Prior Year:** _____
DIVIDENDS: Date Declared: _____ Amount Per Share: \$ _____
 Date Paid: _____ Total Amount Paid: \$ _____

_____ (B) **PROFIT SHARING/401(k):** Total Amount (or percentage) contributed to Plan: \$ _____ % _____
MONEY PURCHASE: \$ _____ % _____
DEFINED BENEFIT/CASH BALANCE: \$ _____ % _____

_____ (C) **TOTAL COMPENSATION:** Basic Salary PLUS all bonuses paid to **key, management employees** (Shareholders, Directors, Officers) during the fiscal year. Please include spouses and children.

<u>Name of Employee</u>	<u>Basic Salary (According to Employment Agreement)</u>	<u>TOTAL Bonuses Paid</u>	<u>TOTAL COMPENSATION</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

_____ (D) **BONUSES:** All other employees.

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

(Continued on Reverse Side of Page)

_____ (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, include financing information, if any):

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

_____ (G) **SEMINAR AND CONVENTIONS ATTENDED:**

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

_____ (H) **LOANS TO/FROM SHAREHOLDERS:** (Include date, amounts, interest rate, term, etc.)

_____ (I) **MISCELLANEOUS TRANSACTIONS:** [e.g., institution of benefit plans (e.g. Medical, Group-Term Life, Disability, Medical Expense Reimbursement Plan), money loaned, money borrowed, real estate or equipment leases, amendments to the Articles of Incorporation or Regulations, fiscal year changes, statutory agent changes, change of business address, charitable contributions, directors' fees, membership dues, reimbursement of expenses, etc.] Please give important details (e.g. dates, amounts, borrower, lender, interest rate, etc.)

_____ (J) **Please list Officers and Directors.**

President: _____ Vice-President: _____
Secretary: _____ Treasurer: _____
Asst Sec. or Treas: _____ Other (if any): _____
Directors: _____