

## 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 _____

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\_\_\_\_\_ (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: \_\_\_\_\_