# Accountable Plan

## Board Resolution / Owner Resolution

**This template has two versions — complete only the one that applies to you.**

**Version A** — board of directors or multiple owners (S-Corp, C-Corp, multi-member LLC).
**Version B** — sole proprietor or single-owner business with no board.

## Entity Information *complete for either version*

Entity Name:

Entity Type: *e.g., S-Corp, C-Corp, LLC*

State of Organization:

Date of Adoption:

Plan Effective Date:

### A Board / Multi-Owner Resolution

*Use this version if your business has a board of directors or more than one owner.*

**RECITALS**

- *WHEREAS, the Company wishes to establish a formal Accountable Plan for the reimbursement of ordinary and necessary business expenses incurred by its employees and owner-employees; and*
- *WHEREAS, an accountable plan under Reg. 1.62-2 requires (1) a business connection to the expense, (2) substantiation of the expense, and (3) return of any excess reimbursement; and*
- *WHEREAS, adopting this plan allows qualifying reimbursements to be excluded from employees' taxable income;*

**RESOLUTION**

*NOW, THEREFORE, IT IS RESOLVED THAT:*

1. The Company adopts the Accountable Plan for Business Expense Reimbursement, effective as of the Plan Effective Date above.
2. Reimbursements shall be made only for ordinary and necessary business expenses that are substantiated within the timeframes required by the plan.
3. Any excess reimbursements not substantiated within the required period shall be returned to the Company.
4. The Company's authorized officers are directed to take the actions necessary to implement and maintain the plan.

**ADOPTED BY** *board members / owners*

| Name & Title | Signature | Date |
|---|---|---|
| | | |
| | | |
| | | |

### B Sole Proprietor / Single-Owner Adoption

*Use this version if you are a sole proprietor or single owner with no board.*

**OWNER ADOPTION STATEMENT**

I, _____ (Owner Name), as the sole owner of _____ (Business Name), hereby adopt an Accountable Plan for Business Expense Reimbursement, effective as of the Plan Effective Date above.

**I confirm that:**

1. Reimbursements will be made only for ordinary and necessary business expenses that are substantiated within the timeframes required by the plan.
2. Any excess reimbursement not substantiated within the required period will be returned to the business.
3. I will maintain the plan and supporting records consistent with the Accountable Plan Agreement.

**ADOPTED BY OWNER**

Owner Name:

Owner Signature: Date:

## A Board / Multi-Owner Resolution

*Use this version if your business has a board of directors or more than one owner.*

### RECITALS

- *WHEREAS, the Company wishes to establish a formal Accountable Plan for the reimbursement of ordinary and necessary business expenses incurred by its employees and owner-employees; and*
- *WHEREAS, an accountable plan under Reg. 1.62-2 requires (1) a business connection to the expense, (2) substantiation of the expense, and (3) return of any excess reimbursement; and*
- *WHEREAS, adopting this plan allows qualifying reimbursements to be excluded from employees' taxable income;*

### RESOLUTION

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2. Reimbursements shall be made only for ordinary and necessary business expenses that are substantiated within the timeframes required by the plan.
3. Any excess reimbursements not substantiated within the required period shall be returned to the Company.
4. The Company's authorized officers are directed to take the actions necessary to implement and maintain the plan.

### ADOPTED BY *board members / owners*

| Name & Title | Signature | Date |
| --- | --- | --- |
| | | |
| Name & Title | Signature | Date |
| | | |
| Name & Title | Signature | Date |
| | | |

## B Sole Proprietor / Single-Owner Adoption

*Use this version if you are a sole proprietor or single owner with no board.*

### OWNER ADOPTION STATEMENT

I, _____ (Owner Name), as the sole owner of _____ (Business Name), hereby adopt an Accountable Plan for Business Expense Reimbursement, effective as of the Plan Effective Date above.

**I confirm that:**

1. Reimbursements will be made only for ordinary and necessary business expenses that are substantiated within the timeframes required by the plan.
2. Any excess reimbursement not substantiated within the required period will be returned to the business.
3. I will maintain the plan and supporting records consistent with the Accountable Plan Agreement.

### ADOPTED BY OWNER

Owner Name:

Owner Signature: Date:

*Disclaimer: The information in this document is for compliance recordkeeping purposes only and does not constitute tax, legal, or financial advice. Clients should consult with their own tax advisors to confirm how these rules apply to their individual circumstances. This is not a promise of qualification or a guarantee of specific outcomes.*