

WORKERS COMPENSATION AUDIT RETURN

Annual Payroll & Premium Verification Statement

1. POLICY & EMPLOYER IDENTIFICATION

Insured Name:	Policy Number:
Doing Business As (DBA):	Federal Employer ID (FEIN):
Street Address:	Audit Period:
	From: To:
City, State, Zip:	Contact Person / Telephone:

2. PAYROLL SUMMARY BY CLASSIFICATION CODE

Class Code	Classification Description / Duties	No. of Employees	Gross Wages	Exclusions (-)	Subject Payroll
Totals:					

3. OFFICERS, PARTNERS, AND SOLE PROPRIETORS

Name	Title	%Ownership	Duties performed	Inc/Exc	Total Payroll

4. SUBCONTRACTORS & INDEPENDENT CONTRACTORS

Subcontractor Name	Type of Work Performed	COI Provided? (Y/N)	Amount Paid (Labor)	Total Paid

Subcontractor Name	Type of Work Performed	COI Provided? (Y/N)	Amount Paid (Labor)	Total Paid

5. EMPLOYER DECLARATION & CERTIFICATION

I hereby certify that this audit return is a true and complete statement of all actual wages, salaries, bonuses, and other compensations paid to all employees, subcontractors, and officers covered under this policy during the audit period indicated above, and that the classifications and operations described are accurate.

Signature of Owner, Partner, or Officer	Date
Printed Name & Title	Phone Number / Email Address