

# QUARTERLY WORKERS' COMPENSATION REPORTING FORM

Return Template

## Employer Information

EMPLOYER NAME

POLICY NUMBER

ADDRESS

FEDERAL EIN

PHONE NUMBER

## Reporting Period

YEAR

QUARTER

Q1 (JAN - MAR)

Q2 (APR - JUN)

Q3 (JUL - SEP)

Q4 (OCT - DEC)

## Payroll & Classification Breakdown

Class Code	Classification Description	No. of Employees	Gross Wages Paid	Subject Wages	Rate (per \$100)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Calculation Summary

1. TOTAL SUBJECT WAGES	<input type="text"/>
2. TOTAL CALCULATED PREMIUM	<input type="text"/>
3. ASSESSMENTS / FEES	<input type="text"/>
4. TOTAL AMOUNT DUE	<input type="text"/>

## Declaration & Authorization

I hereby certify that this report is a true and accurate statement of all wages paid to employees during the quarter indicated above, and that the

classifications listed represent the actual duties performed by those employees.

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Authorized Representative Signature

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Title

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Date

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**Instructions:** Submit this completed report and full payment of the total amount due within 30 days of the end of the reporting quarter. Keep a copy for your records.