



Workers Compensation Audit Report Form

Policyholder:
Policy Number:
Audit Period:
Audit ID:

If you are reporting on more than one entity, please complete this form for each entity that has payroll.

Entity Name	FEIN	Non-Profit Entity? (Yes or No)

DESCRIPTION OF OPERATIONS (Please provide a detailed description of your companys operation)

OFFICERS/PARTNERS/OWNERS

INSTRUCTIONS: Show total wages for each active Officer/Partner/Owner in this section separately. DO NOT INCLUDE THESE AMOUNTS IN THE EMPLOYEE PAYROLL SECTION BELOW.

State	Title and % of ownership	Name	Job_Description_Including Daily_Duties	Gross Earnings	Gross Overtime

MINNESOTA POLICYHOLDERS - How many hours of payroll did your company have in the previous calendar year?:

If additional space is needed for principal duties, please use this section below.

Are there any changes to your workers compensation policy during this policy period?

CONTROL FIGURES

INSTRUCTIONS: Please list total wages from your last four Federal 941s and State Unemployment tax reports in this section (if more than one entity is listed on page 1, please provide the applicable tax documents for each entity). **Copies of the 941s must accompany this audit report as verification.** If your company is not required to file 941s, we ask that you attach a copy of your latest Federal Tax Return Form 1040C, 1065, 943, 1120, payroll report or general ledger report.

Please enclose copies of your unemployment tax forms that most closely correspond to your policy period.

	Total Wages From State Unemployment Reports	Total Wages From 941 Reports	Excludable Taxable Tips From 941 Reports	Contributions Not Reported on 941 (ex: 401K, Sec 125)
___ Qtr/___ Yr				
___ Qtr/___ Yr				
___ Qtr/___ Yr				
___ Qtr/___ Yr				
Totals				

DO YOU HAVE EMPLOYEES?:

Yes No

How many employees do you have?:

EMPLOYEE PAYROLL

If you have 20 or less employees, please list the following information for each individual along with a detail description of duties. Over 20 employees, please provide totals below by department.

INSTRUCTIONS: Enter total gross wages for the audit period shown on page 1 including overtime, holiday pay, vacation pay, bonuses, commissions and 401K contributions. If allowances for housing, car utilities or other substitutes for money are received by employees, please include in the other column below.

[illegible]

State	Employee/ Department	Job_Description_Including Daily_Duties	Total_Gross Wages (Including OT and DT)	Gross Overtime (OT)	Gross Double Time (DT)	Other (Please Specify)

DO YOU USE SUBCONTRACTORS, CASUAL LABOR, OR CASH LABOR?:

Yes No

SUBCONTRACTORS/CASUAL LABOR/CASH LABOR

List the pay of all persons who performed work on a contract basis such as subcontractors, casual labor, and cash labor. Total cost includes the cost of all labor, materials and equipment. Please provide certificates of insurance or state exemption forms for these contractors. If you are unable to provide workers compensation certificates or state exemption forms, please show the breakdown between labor and materials.

Please attach copies of workers compensation certificates of insurance or state exemption forms and forward them to our office referencing your policy number.

State	Name of Subcontractor	Type_of_Work_Performed_for_Policyholder	Amount of Contract for Materials	Total Amount Paid

Name & Title of Person Completing Form:

Contact Phone Number:

E-mail Address of Policyholder:

Website Address, if any:

Accident Fund Insurance Company of America has a responsibility to its policyholders to protect confidential information contained in our audit reports. These audit reports contain payroll and other sensitive information. Please tell us whether or not we can release your audit worksheets to your agent.

YES, I authorize my Insurance Carrier to provide audit worksheets to the insurance agent listed on the policy

NO, I do not authorize my Insurance Carrier to share my audit worksheets with my Insurance Agent