



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
<input type="text"/>	<input type="text"/>

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
<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"/>

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?

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: