



WORKERS' COMPENSATION INSURANCE PAYROLL REPORT

AMOUNT ENCLOSED

4	2	9	0
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P.O. BOX 9102
 PLEASANTON, CA
 94568-9102

123456789-10

ABC INDUSTRIES, INC
 123 MAIN STREET
 ANYTOWN, CA 98765

GROUP
 POLICY

06/01/10-07/01/10

PAYROLL PERIOD
NR 4

CHECK BOX AT RIGHT FOR ADDRESS CHANGE
 SEE INSTRUCTIONS ON BACK - If zero payroll, write NONE on all pages.
 Sign, Date, and return all pages.



ADDRESS		
CITY, STATE	ZIP	



ABC INDUSTRIES, INC 060110 070110 123456789-10

CLASS CODE NO.	DESCRIPTION OF WORK DONE <small>SEE REVERSE IF ADDITIONAL CLASSIFICATION NEEDED</small>	PAYROLL OF EMPLOYEES	INTERIM RATE	MULTIPLY PAYROLL BY INTERIM RATE; THEN DIVIDE BY 100 TO DETERMINE PREMIUM DUE.
5140-1	ELECTRICAL WIRING>=\$28HR	4470 : 61	6.24	278 : 97
5190-1	ELECTRICAL WIRING<\$28HR	2120 : 17	9.64	204 : 38
8810-1	CLERICAL OFFICE EMPLOYEES	1669 : 26	.99	16 : 53

ENCLOSE
 PAYMENT

Itemize payroll below only for corporate officers, general partners, LLC members or relatives (farm only) not excluded by endorsement.	YOUR POLICY WILL BE SUBJECT TO CANCELLATION IF THIS REPORT AND PAYMENT ARE NOT RECEIVED BY	OVERTIME EXCESS \$ 0 : 00	GROSS PREMIUM \$ 499 : 88
		TOTAL PAYROLL \$ 8260 : 04	EXPERIENCE MODIFICATION 86%
		CHECK MUST BE ENCLOSED FOR THIS AMOUNT \$ 429 : 90	

NAME	TITLE	DESCRIPTION OF WORK DONE	CODE NO.	PAYROLL	IS PAYROLL INCLUDED ABOVE?
				\$	YES NO
					YES NO
					YES NO

I (we) certify that the above reported payroll accurately reflects the total wages, salaries, and other compensation paid to all employees (including unlicensed contractors or contractors without W.C. coverage) during the period covered. WILLFUL UNDERREPORTING OF SUCH AMOUNTS IS A VIOLATION OF CALIFORNIA FRAUD STATUTES.

SIGNATURE OF PERSON PREPARING REPORT *Ima Businessowner* TITLE *President* AREA CODE PHONE NO *1-415-555-1212*
 NAME AND ADDRESS WHERE PAYROLL REPORT IS BEING MADE *123 Main St. Anytown CA 98765* DATE *07/08/10*