

**INDUSTRIAL COMMISSION OF ARIZONA
INSURANCE CARRIERS 2009 TAX YEAR
REPORT OF ANNUAL WORKERS' COMPENSATION
ADMINISTRATIVE FUND AND SPECIAL FUND
INSURANCE CARRIER PREMIUM TAX FORM 200**

FROM:
Carrier Name

Address

City State Zip Code

NAIC #:

DATE PREPARED:

Line 1 Workers' compensation premiums collected or contracted for during the year ended December 31, 2009.	<i>(fill in the bolded cells)</i> Line 1 \$ <input type="text"/>
Line 2 Amount of deductions from premiums: applicable cancellations, returned premiums, and all policy dividends or refunds paid or credited to policy holders within this State and not reapplied as premiums for new, additional or extended insurance.	Line 2 \$ <input type="text"/>
Line 3 Net taxable premiums (subtract line 2 from line 1):	Line 3 \$ <input type="text"/>
Line 4 Administrative Fund tax-A.R.S. § 23-961 (J) (multiply line 3 by 3.00%)	Line 4 \$ <input type="text"/>
Line 5 Total of quarterly payments made for 2009:	Line 5 \$ <input type="text"/>
LINE 6 Total Administrative Fund Premium tax due by March 1, 2010: subtract line 5 from line 4 (if neg this is an overpayment):	Line 6 \$ <input type="text"/>
LINE 7 Special Fund tax-A.R.S. § 23-1065 (A) (multiply line 3 by 1.50%)	Line 7 \$ <input type="text"/>
LINE 8 Total of quarterly payments made for 2009:	Line 8 \$ <input type="text"/>
LINE 9 Total Special Fund Premium tax due by March 1, 2010: subtract line 8 from line 7 (if neg this is an overpayment):	Line 9 \$ <input type="text"/>
IF TAX IS DUE FOR BOTH TAXES. (add line 6 and line 9)	DO NOT SUBTRACT REFUND FROM TAX DUE
TOTAL ANNUAL TAX DUE BY MARCH 1, 2010	TOTAL <input type="text"/>
DIRECT LOSSES PAID IN 2009	<input type="text"/>
TOTAL DEDUCTIBLE POLICY LOSSES PAID IN 2009	<input type="text"/>

Please return completed form with a copy of **"STATUTORY PAGE 14 - EXHIBIT OF PREMIUMS AND LOSSES OF THE ANNUAL REPORT"** as filed with the Arizona Dept. of Insurance, with your check, payable to the **Industrial Commission of Arizona**, and mail to:

**Industrial Commission of Arizona
Attention: Tax Accountant
800 West Washington Street, Room 301
Phoenix, Arizona 85007**

If there are any questions, please contact the Tax Accountant at **602-542-1836** or e-mail at taxes@ica.state.az.us

There is a penalty for failing to pay the tax on time: the greater of twenty-five dollars or five percent of the tax due plus interest at the rate of one per cent per month from the date the tax is due. **A.R.S. § 23-961(N). TAX PAYMENTS ARE DUE MARCH 1, 2010.**

The Industrial Commission will automatically return quarterly tax overpayments in excess of actual amount due. Overpayments cannot be applied against taxes due in the succeeding calendar year **A.R.S. § 23-961(M).**

I certify that the foregoing is correct to the best of my knowledge and belief.

Officer Signature:

Officer Name: <input type="text"/>	Primary Email Address: <input type="text"/>
Officer Title: <input type="text"/>	Alternative Email Address: <input type="text"/>
Date of Officer Signature: <input type="text"/>	FAX Number: <input type="text"/>
Name and Title of Person completing form if different than above: <input type="text"/>	Primary Phone Number: <input type="text"/>
Date Form Completed: <input type="text"/>	Alternative Phone Number: <input type="text"/>