

**INDUSTRIAL COMMISSION OF ARIZONA
INSURANCE CARRIERS
QUARTERLY TAX REPORT FORM # 201 B, ADMINISTRATIVE FUND
WORKERS COMPENSATION PREMIUM TAXES FOR 2010**

FROM:		March 31, 2010	DUE	April 30, 2010
	Carrier Name			
		June 30, 2010	DUE	July 31, 2010
	Street Address			
		September 30, 2010	DUE	October 31, 2010
	City State Zip code			
NAIC #:		December 31, 2010	DUE	January 31, 2011

COMPUTATION OF QUARTERLY TAXES

Insurers who were required to pay an Administrative Fund tax of at least \$2,000 for the preceding calendar year must file this report and pay the taxes calculated for the current calendar year. A.R.S. § 23-961 (L).

A. Method I Administrative Fund Tax

ADMINISTRATIVE FUND

A.R.S. § 23-961 (L)

1 2009 Net Taxable Premium from line 3 of Form 200		Line A1 \$	
2 Multiply Line 1 by 2.65% or .0265		Line A2 \$	
3 Multiply Line 2 by 25.0% or .25	PAY THIS AMOUNT	Line A3 \$	

B. Method II :

1 Total of all premiums collected or contracted for during quarter ended _____:		Line B1 \$	
2 Less following deductions from premiums: Applicable cancellations, returned premiums, and all policy dividends or refunds paid or credited to policyholders within this State and not reapplied as premium for new, additional or extended insurance for quarter ended _____.		Line B2 \$	
3 Net taxable premiums (Subtract Line B2 from Line B1):		Line B3 \$	
4 Administrative Fund tax (Multiply Line B3 by 2.65%): PAY THIS AMOUNT		Line B4 \$	

Penalty and interest will be assessed 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 percent per month from the date the tax was due, which is 30 days after close of the quarter. A.R.S. § 23-961 (N)

Please return the COMPLETED FORM with your check payable to Industrial Commission of Arizona for the total payment due and mail to:

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

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

I certify that the foregoing is correct to the best of my knowledge and belief: (please complete all of the information)

Signature: _____	Telephone: _____	
Name: _____	Title: _____	
E-mail: _____	Fax: _____	