

**INDUSTRIAL COMMISSION OF ARIZONA
INSURANCE CARRIERS 2010 TAX YEAR
REPORT OF ANNUAL WORKERS' COMPENSATION
SPECIAL FUND PREMIUM TAX FORM 200A**

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, 2010 .		(fill in the bolded cells) <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.		<input type="text"/>
Line 3 Net taxable premiums (subtract line 2 from line 1):		<input type="text"/>
LINE 4 Special Fund tax-A.R.S. § 23-1065 (A) (multiply line 3 by 1.50%)		<input type="text"/>
LINE 5 Total of quarterly payments made for 2010:		<input type="text"/>
LINE 6 Total Special Fund tax due by March 1, 2011: subtract line 5 from line 4 (if neg this is an overpayment):		<input type="text"/> <hr/> <hr/>
LINE 7 Apportionment tax-A.R.S. § 23-1065 (F) (multiply line 3 by .50%)		<input type="text"/>
LINE 8 Total of quarterly payments made for 2010:		<input type="text"/>
LINE 9 Total Apportionment tax due by March 1, 2011: subtract line 8 from line 7 (if neg this is an overpayment):		<input type="text"/> <hr/> <hr/>
LINE 10 No Insurance tax-A.R.S. § 23-966 (D) (multiply line 3 by .50%)		<input type="text"/>
LINE 11 Total of quarterly payments made for 2010:		<input type="text"/>
LINE 12 Total No Insurance tax due by March 1, 2011: subtract line 11 from line 10 (if neg this is an overpayment):		<input type="text"/> <hr/> <hr/>
IF TAX IS DUE FOR ALL TAXES. (add lines 6, 9 and 12)		DO NOT SUBTRACT REFUND FROM TAX DUE
TOTAL SPECIAL FUND ANNUAL TAX DUE BY MARCH 1, 2011		TOTAL <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, 2011.**

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

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