

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

FROM:   
 Carrier Name  
  
 Address  
  
 City State Zip Code

NAIC #:

DATE PREPARED:

<b>Line 1</b> Workers' compensation premiums collected or contracted for during the year ended <b>December 31, 2010.</b>		<b>Line 1</b> <i>(fill in the bolded cells)</i> \$ <input style="width: 150px; height: 15px;" type="text"/>
<b>Line 2</b> 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.		<b>Line 2</b> \$ <input style="width: 150px; height: 15px;" type="text"/>
<b>Line 3</b> Net taxable premiums (subtract line 2 from line 1):		<b>Line 3</b> \$ <input style="width: 150px; height: 15px;" type="text"/>
<b>Line 4</b> Administrative Fund tax- <b>A.R.S. § 23-961 (J)</b> (multiply line 3 by 2.65%)		<b>Line 4</b> \$ <input style="width: 150px; height: 15px;" type="text"/>
<b>Line 5</b> Total of quarterly payments made for 2010:		<b>Line 5</b> \$ <input style="width: 150px; height: 15px;" type="text"/>
<b>LINE 6</b> Total Administrative Fund tax due by March 1, 2011: subtract line 5 from line 4 (if neg this is an overpayment):		<b>Line 6</b> \$ <input style="width: 150px; height: 15px; border-bottom: 3px double black;" type="text"/>

**TOTAL ADMINISTRATIVE ANNUAL TAX DUE BY MARCH 1, 2011** TOTAL

**DIRECT LOSSES PAID IN 2010**   
**TOTAL DEDUCTIBLE POLICY LOSSES PAID IN 2010 (losses not included in column 5 of the Statutory Page 14)**

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](mailto: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.**

<b>Officer Signature:</b>	
<b>Officer Name:</b> <input style="width: 300px; height: 15px;" type="text"/>	<b>Primary Email Address:</b> <input style="width: 200px; height: 15px;" type="text"/>
<b>Officer Title:</b> <input style="width: 300px; height: 15px;" type="text"/>	<b>Alternative Email Address:</b> <input style="width: 200px; height: 15px;" type="text"/>
<b>Date of Officer Signature:</b> <input style="width: 200px; height: 15px;" type="text"/>	<b>FAX Number:</b> <input style="width: 200px; height: 15px;" type="text"/>
<b>Name and Title of Person completing form if different than above:</b> <input style="width: 300px; height: 15px;" type="text"/>	<b>Primary Phone Number:</b> <input style="width: 200px; height: 15px;" type="text"/>
<b>Date Form Completed:</b> <input style="width: 200px; height: 15px;" type="text"/>	<b>Alternative Phone Number:</b> <input style="width: 200px; height: 15px;" type="text"/>