SELF-INSURED PAYROLL REPORT FOR 2010

THE INDUSTRIAL COMMISSION OF ARIZONA

This report is subject to verification by ICA auditors

Company Name:

ICA Plan: Page of Pages

Period Covered: From To

INSTRUCTIONS ON SEPARATE PAGE

TOTAL EMPLOYEE COUNT FOR CALENDAR YEAR (W-2 COUNT) **(required)**

(A) Classification Code	(B) Regular Pay (includes overtime hours worked at regular rate) **See Instructions**	(C) Pay for piece work, profit sharing, etc.	(D) Overtime Pay (premium portion of overtime only) **See Instructions**	(E) Executive Officer Pay	(F) Commissions	(G) Bonuses	(H) Sick and Vacation pay	(I) Allowance for Hand Tools, & Meals; Substitutes for Money	(J) TOTAL PAYROLL TOTAL of COLUMNS (B + C + E + F + G + H + I)
Column Totals									

Total Payroll Row Total (If Column Totals does not equal Total Payroll Row total, a mathematical error has occurred)

I certify this report is a true and complete for the period stated.

Officer Signature:

Officer Name:

Officer Title:

Date of Officer Signature:

Name and Title of Person completing form if different than above:

Primary Email Address:

Alternative Email Address:

FAX Number:

Primary Phone Number:

Alternative Phone Number:

Date Form Completed: