

**INDUSTRIAL COMMISSION OF ARIZONA
 SELF-INSURER'S QUARTERLY
 ADMINISTRATIVE TAX PAYMENT FORM 101 B FOR 2010**

FROM: <input style="width: 100%; height: 15px;" type="text"/> Self-Insured Name <input style="width: 100%; height: 15px;" type="text"/> Street Address <input style="width: 100%; height: 15px;" type="text"/> City State Zip code	March 31, 2010 DUE April 30, 2010 June 30, 2010 DUE July 31, 2010 September 30, 2010 DUE October 31, 2010 December 31, 2010 DUE January 31, 2011
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COMPUTATION OF QUARTERLY TAXES

Insurers who were required to pay an Administrative Fund tax of at least \$2000 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 Form 100, Line A	Line A1 \$	<input style="width: 95%; height: 15px;" type="text"/>
2 Multiply Line 1 by 2.65% or .0265	Line A2 \$	<input style="width: 95%; height: 15px;" type="text"/>
3 Multiply Line 2 by 25.0% or .25	PAY THIS AMOUNT Line A3 \$	<input style="width: 95%; height: 15px;" type="text"/>

B. Method II

This method will be based on actual payroll, by Workers' Compensation Code, for the applicable quarter. If this method is selected, please contact us and we will mail the necessary payroll and injury report forms.

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 taxes@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: <input style="width: 95%; height: 15px;" type="text"/>
Name: <input style="width: 95%; height: 15px;" type="text"/>	Title: <input style="width: 95%; height: 15px;" type="text"/>
E-mail: <input style="width: 95%; height: 15px;" type="text"/>	Fax: <input style="width: 95%; height: 15px;" type="text"/>