

**INDUSTRIAL COMMISSION OF ARIZONA
INSURANCE CARRIER QUARTERLY
ADMINISTRATIVE AND SPECIAL FUND TAX FORM #201 FOR 2011**

Carrier Name		
Street Address		
City	State	Zip code
NAIC#		

March 31, 2011 DUE April 30, 2011
 June 30, 2011 DUE July 31, 2011
 September 30, 2011 DUE October 31, 2011
 December 31, 2011 DUE January 31, 2012

COMPUTATION OF QUARTERLY TAXES

Any insurer which paid or is required to pay a tax of two thousand dollars or more for the preceding calendar year shall file quarterly report, in a form prescribed by the commission, accompanied by a payment in an amount equal to the tax due at the rates prescribed. A.R.S. § 23-961 (L)

A. METHOD I

1 2010 Net Taxable Premium from line 3 of Form 200	Line A1	\$	
2 Administrative Fund Tax - A.R.S. § 23-961 (J) (Multiply line A1 by 3.00%)	Line A2	\$	
3 Multiply Line 2 by 25.0% or 0.25	Line A3	\$	
4 Special Fund Tax - A.R.S. § 23-1065 (A) (Multiply line A1 by 1.50%)	Line A4	\$	
5 Multiply Line 4 by 25.0% or 0.25	Line A5	\$	
6 No Insurance Tax - A.R.S. § 23-966 (D) (Multiply line A1 by .5%)	Line A6	\$	
7 Multiply Line 6 by 25.0% or 0.25	Line A7	\$	
8 Apportionment Tax - A.R.S. § 23-1065 (F) (Multiply line A1 by .5%)	Line A8	\$	
9 Multiply Line 8 by 25.0% or .025	Line A9	\$	
10 Amount Paid (Add lines A3, A5, A7 & A9 together and pay this amount)	Line A10	\$	

B. METHOD II

1 Total of all premiums collected or contracted for during quarter ended _____:	Line B1	\$	
2 Amount of 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 the quarter ended _____	Line B2	\$	
3 Net taxable premiums (Subtract Line B2 from Line B1)	Line B3	\$	
4 Administrative Fund Tax - A.R.S. § 23-961 (J) (Multiply line B3 by 3.00%)	Line B4	\$	
5 Special Fund Tax - A.R.S. § 23-1065 (A) (Multiply line B3 by 1.50%)	Line B5	\$	
6 No Insurance Tax - A.R.S. § 23-966 (D) (Multiply line B3 by .5%)	Line B6	\$	
7 Apportionment Tax - A.R.S. § 12-1065 (F) (Multiply line B3 by .5%)	Line B7	\$	
8 Amount Paid (Add lines B4, B5, B6 & B7 together and pay this amount)	Line B8	\$	

Failure to pay taxes on time will result in penalty and interest being assessed pursuant to § 23-961 (N), "the greater of twenty-five dollars or five percent of the tax or amount due plus interest at the rate of one percent per month from the date the tax was due."

Please return the **COMPLETED SIGNED ORIGINAL** with your check payable to **Industrial Commission of Arizona** for the total amount 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)

Officer Signature: _____	Primary Email Address:	
Name: _____	Primary Phone Number:	
Title: _____	Alternative Email Address:	
Date of Officer Signature: _____	Alternative Phone Number:	
Name and Title of Person completing form if different than above:	FAX Number:	

Date Form Completed: _____