

**INDUSTRIAL COMMISSION OF ARIZONA
INSURANCE CARRIERS 2011 TAX YEAR
REPORT OF ANNUAL WORKERS' COMPENSATION
ADMINISTRATIVE FUND & SPECIAL FUNDS PREMIUM TAX FORM 200**

FROM:
Carrier Name

Address

City State Zip Code

NAIC #:

DATE PREPARED:

ANNUAL TAX PAYMENTS ARE DUE MARCH 1, 2012

DIRECT LOSSES PAID IN 2011 \$

TOTAL DEDUCTIBLE POLICY LOSSES PAID IN 2011 (losses not included in column 5 of Statutory Page 14) \$

Line 1 Workers' compensation premiums collected or contracted for during the year ended December 31, 2011.		<i>(fill in the bolded cells)</i>
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.		Line 1 \$ <input type="text"/>
Line 3 Net taxable premiums (subtract line 2 from line 1):		Line 2 \$ <input type="text"/> Line 3 \$ <input type="text"/>
Line 4 Administrative Fund tax-A.R.S. § 23-961 (J) (multiply line 3 by 3.00%)		Line 4 \$ <input type="text"/>
Line 5 Total of quarterly payments made for 2011:		Line 5 \$ <input type="text"/>
LINE 6 Total Administrative Fund tax due by March 1, 2012: subtract line 5 from line 4 (if neg this is an overpayment):		Line 6 \$ <input type="text"/>
LINE 7 Special Fund tax-A.R.S. § 23-1065 (A) (multiply line 3 by 1.50%)		Line 7 \$ <input type="text"/>
LINE 8 Total of quarterly payments made for 2011:		Line 8 \$ <input type="text"/>
LINE 9 Total Special Fund tax due by March 1, 2012: subtract line 5 from line 4 (if neg this is an overpayment):		Line 9 \$ <input type="text"/>
LINE 10 Apportionment tax-A.R.S. § 23-1065 (F) (multiply line 3 by .50%)		Line 10 \$ <input type="text"/>
LINE 11 Total of quarterly payments made for 2011:		Line 11 \$ <input type="text"/>
LINE 12 Total Apportionment tax due by March 1, 2012: subtract line 8 from line 7 (if neg this is an overpayment):		Line 12 \$ <input type="text"/>
LINE 13 No Insurance tax-A.R.S. § 23-966 (D) (multiply line 3 by .50%)		Line 13 \$ <input type="text"/>
LINE 14 Total of quarterly payments made for 2011:		Line 14 \$ <input type="text"/>
LINE 15 Total No Insurance tax due by March 1, 2012: subtract line 11 from line 10 (if neg this is an overpayment):		Line 15 \$ <input type="text"/>
IF TAX IS DUE FOR ALL TAXES (add lines 6, 9, 12 and 15)		DO NOT SUBTRACT REFUND FROM TAX DUE
TOTAL ANNUAL TAX DUE BY MARCH 1, 2012		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, 2012.**

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