

# SELF-INSURED PAYROLL REPORT FOR 2011

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) <b>See Instructions</b>	(C) Pay for piece work, profit sharing, etc.	(D) Overtime Pay (premium portion of overtime only) <b>See Instructions</b>	(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)
<b>Column Totals</b>									

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:

Primary Email Address:

Alternative Email Address:

FAX Number:

Primary Phone Number:

Alternative Phone Number:

Date Form Completed:

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