

# THE INDUSTRIAL COMMISSION OF ARIZONA

## ADMINISTRATION DIVISION



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LAURA L. MCGRORY, DIRECTOR

**Re:** Self-insured premium taxes for 2014

The Arizona 2014 Annual Workers Compensation Tax forms are due on or before February 15, 2015 for all Arizona authorized self-insured companies. Accompanying this form letter are copies of all forms and instructions. Additional forms may be found on the ICA website at [www.ica.state.az.us](http://www.ica.state.az.us).

The annual tax forms required for each tax plan are listed below for your convenience.

### **PLAN A**

Self-Insured Payroll Report  
Self-Insured Medical Report  
Arizona Substitute W-9

### **PLAN B**

Self-Insured Payroll Report  
Self-Insured Medical Report  
Self-Insured Hospital Report  
Arizona Substitute W-9

### **PLAN C & PLAN R**

Self-Insured Payroll Report  
Self-Insured Medical Report  
Self-Insured Injury Report 2014, 2013, 2012 & 2011  
Arizona Substitute W-9

**Plan C and Plan R:** In addition to providing the injury reports for each year with original signature, a copy of each report, in **Excel format, must be provided** electronically via email or CD. **Separate columns for each heading must be in the order:** Last Name, First Name, Date of Injury Nature of Injury, Claim Number, Medical Paid, Medical Outstanding, Indemnity Paid, Indemnity Outstanding, and Subrogation/Recovery.

**Plan C and Plan R:** If incurred amounts, paid amounts, or reserve amounts, on a single claim, are less than were reported in the prior year, please provide a brief explanation of the difference.

**All Plans:** If the 2014 reported payroll, by classification code, is lower than the payroll reported for 2013, please provide a brief explanation of the difference.

The **State of Arizona Substitute W-9** may be found at [www.gao.az.gov](http://www.gao.az.gov). On the left side bar, select forms. The substitute W-9, with instructions, may be found at the bottom of the page. Return of overpayments **will not be processed** without a current **State of Arizona Substitute W-9**.

Return all completed forms with **original signature** to: **The Industrial Commission of Arizona**  
**Attention: Tax Accountant**  
**800 West Washington Street, Room 301**  
**Phoenix, AZ 85007**

E-mailed annual tax forms are accepted for preliminary tax calculation only. **Original annual tax forms, with signatures, must be received or final tax calculation will not be processed.**

Please direct questions regarding the filing of all Workers Compensation Taxes to [TAXES@ICA.STATE.AZ.US](mailto:TAXES@ICA.STATE.AZ.US) or call (602) 542-1836.