

THE INDUSTRIAL COMMISSION OF ARIZONA



ADMINISTRATION DIVISION

DALE L. SCHULTZ, CHAIRMAN
JOSEPH M. HENNELLY, JR., MEMBER
SCOTT P. LEMARR, MEMBER
ROBIN S. ORCHARD, MEMBER

SYLVIA SIMPSON, CPA, CGFM
CHIEF FINANCIAL OFFICER
PHONE: (602) 542-4541
FAX: (602) 542-3070

JAMES ASHLEY, DIRECTOR

Re: Self-insured premium taxes for 2015

The Arizona 2015 Annual Workers Compensation Tax forms are due on or before February 15, 2016 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.

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 2015, 2014, 2013 & 2012
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 2015 reported payroll, by classification code, is lower than the payroll reported for 2014, please provide a brief explanation of the difference.

The **State of Arizona Substitute W-9** may be found at 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 overpayment **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 or call (602) 542-1836.