



INDUSTRIAL COMMISSION OF ARIZONA

800 W WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602) 542-4661

INSURANCE CARRIER QUARTERLY ADMINISTRATIVE AND SPECIAL FUND TAX FORM #201 FOR 2022

Table with 4 columns: Field Name, Due Date, Status, and Due Date. Fields include Carrier Name, Street Address, City, State, Zip code, and NAIC#.

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 a 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

Table for Method I with 8 rows. Columns: Description, Line Number, and Amount. Includes items like Net Taxable Premium, Administrative Fund Tax, Special Fund Tax, and Apportionment Tax.

B. METHOD II

Table for Method II with 7 rows. Columns: Description, Line Number, and Amount. Includes items like Total of all premiums, Net taxable premiums, and Administrative Fund Tax.

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

The tax form can be electronically signed and submitted via our website at azica.gov/forms/accounting6601. Taxes can be paid online using our payment portal at azicagateway.az.gov/content/taxes. Or you may mail a check with the tax form to our address:

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@azica.gov

I certify that the foregoing is correct to the best of my knowledge and belief (please complete all of the information).

Officer Signature: Name, Title, Signature date, Name and Title of Person completing form if different than above.

Submitter Email Address, Primary Phone Number, Alternative Email Address, Alternative Phone Number, FAX Number.

Date Form Submitted: