



INDUSTRIAL COMMISSION OF ARIZONA

800 W WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602) 542-4661

This report is subject to verification by ICA auditors

SELF-INSURED PAYROLL REPORT FOR 2018

Company Name: _____

ICA Plan: _____

Period Covered: From _____ To _____

TOTAL EMPLOYEE COUNT FOR CALENDAR YEAR (W-2 COUNT) REQUIRED _____

(A) Classification Code	(B) Regular Pay (includes overtime hours worked at regular rate) See Instructions	(C) Pay for piece work, profit sharing, etc.	(D) Overtime Pay (premium portion of overtime only) See Instructions	(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)
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This form will not be considered complete without the required Excel file provided electronically. The Excel file may be emailed to taxes@azica.gov. However, the signature page must be electronically signed and submitted.

[Download Self Insured Annual Injury Report Excel File](#)

Column Totals					1925				
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I certify this report is a true and complete for the period stated.

Officer Signature: _____

Officer Name: _____

Officer Title: _____

Date of Officer Signature: _____

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

Submitter Email Address: _____

Alternative Email Address: _____

FAX Number: _____

Primary Phone Number: _____

Alternative Phone Number: _____

Date Form Submitted: _____