



SELF-INSURED PAYROLL REPORT FOR 2020

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 Payroll Report Excel File](#)

Column Totals									
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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: