



SELF-INSURED PAYROLL REPORT FOR 2021

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) <b>See Instructions</b>	(C) Pay for piece work, profit sharing, etc.	(D) Overtime Pay (premium portion of overtime only) <b>See Instructions</b>	(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](mailto:taxes@azica.gov). However, the signature page must be electronically signed and submitted.

[Download Self Insured Annual Payroll 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: