

STATE OF IDAHO
INDUSTRIAL COMMISSION
P.O. BOX 83720
BOISE, ID 83720-0041

SEMI-ANNUAL REPORT
WORKERS' COMPENSATION PREMIUM TAX
FOR THE PERIOD AND YEAR _____

JANUARY- JUNE

JULY - DECEMBER

Street Address: 700 So. Clearwater Ln, Boise ID 83712

INSURANCE COMPANY: _____ FEIN: _____
Contact Person: _____ Title: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ Fax: _____

Gross Premiums Written	\$ _____
Less: Returned Premiums and Premiums on Policies Not Taken	(-) \$ _____
Net Premiums Written	(=) \$ _____
Tax Rate 2.0%	(x) \$ _____ .020
Tax Due (Net Premiums x Tax Rate)	\$ _____
	*Minimum Tax Due = \$75.00

AFFIDAVIT

_____, being first duly sworn, deposes and states that s/he is a corporate officer, with the title of _____, that this report is made under the provisions of Section 72-524, Idaho code, and under penalty of perjury; that the foregoing statement contains a full, true and accurate report of all workers' compensation premiums reportable on business written on risk insured in the State of Idaho during the period set forth above.

(Signature of Corporate Officer)

State of _____)
County of _____) ss.

Subscribed and sworn to before me this _____ day of _____, _____
Residing at _____
Notary Public My Commission Expires _____

This report is due within 30 days after February 1 (in this office no later than March 3rd) for the last six months of the preceding year, and within 30 days after July 1 (in this office no later than July 31st) for the first six months of the current year.

LATE PAYMENT PENALTY- 10% of the original amount due times the number of ten-day periods or portions thereof which have elapsed since March 3 or July 31 depending upon the reporting period.

Submit the original completed report to the Industrial Commission and retain a copy for your records.

IC 4008, Revised 4/4

If you have any questions, please contact one of the following Financial Specialists. If your company name begins with A through I, please contact Therese Ryan at (208) 334-6095. If your company name begins with J through Z, please contact Shelly Tudela at (208) 334-6026.