

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

SEMI-ANNUAL WORKERS' COMPENSATION  
TAX REPORT FOR SELF-INSURED EMPLOYERS

Street Address: 700 S Clearwater Lane Boise, ID 83712 FOR PERIOD ENDING \_\_\_\_\_

Self-Insurer's Name \_\_\_\_\_

Premium Tax Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Toll Free \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Total Gross Wages (IC Form 4010A, Line 1) \$ \_\_\_\_\_

2. Net Premium Equivalent (IC Form 4010A, Line 13) \$ \_\_\_\_\_

3. Tax Rate 2.0% % 2%

4. Premium Tax Due (IC Form 4010A, Line 15) \$ \_\_\_\_\_

**\*Minimum Tax Due = \$75.00**

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**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 the gross wages, premium tax equivalent, and premium taxes due for the period set forth above.

\_\_\_\_\_  
(Signature of Corporate Officer)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**This report must be completed even if you have NONE and it 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 on the reporting period.**

ORIGINAL TO THE INDUSTRIAL COMMISSION  
RETAIN A COPY FOR YOUR RECORDS