

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 \_\_\_\_\_

Street Address: 11321 W. Chinden Blvd, Bldg #2  
Boise, ID 83714

JANUARY- JUNE

JULY - DECEMBER

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)	\$ _____
	<b>*Minimum Tax Due = \$75.00</b>

**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 must be completed by the Insurance Company 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 upon the reporting period.**

NOTE: If you have questions, please contact one of the following Financial Specialists.  
For company names that begin with:

- A - L : Contact Alan Pace at (208) 334-6083 or alan.pace@iic.idaho.gov
- M - Z : Contact Chandra Tubbs at (208) 334-6026 or chandra.tubbs@iic.idaho.gov