IC-4008 SEMI-ANNUAL REPORT STATE OF IDAHO WORKERS' COMPENSATION PREMIUM TAX INDUSTRIAL COMMISSION FOR THE PERIOD AND YEAR Mailing Address: P.O. Box 83720 Boise, ID 83720-0041 Payment will be: Semi-Annual Period: Check¹ JANUARY- JUNE (due Jul. 31) Street Address: 11321 W. Chinden Blvd, Bldg #2 ACH/Wire² JULY - DECEMBER (due Mar. 3) (overnight) Boise, ID 83714 **Report Type:** Original or First Filing Amended INSURANCE COMPANY: _____ FEIN: _____ Contact Person: _____ Title: Address: City: _____ State: _____ Postal Code: _____ E-Mail Address: _____ 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 _____, being first duly sworn, deposes and states that s/he is a corporate officer, with the title of ______ **AFFIDAVIT** _____, 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 _____)) ss. County of_____) Subscribed and sworn to before me this _____ day of _____, ____, _____ Residing at _____ My Commission Expires Notary Public This report must be completed by the Insurance Company even if you have NO PREMIUMS and it is due: JAN - JUN, by July 31 (30 days to submit) JUL - DEC, by March 3 (60 days to submit) LATE PAYMENT PENALTY- 10% of the original tax due times the number of ten-day periods or portions thereof which have elapsed since due date. NOTE: SUBMIT SIGNED AND NOTARIZED REPORT AND/OR QUESTIONS TO WC.ANALYSTS@IIC.IDAHO.GOV ¹ Mail checks with a copy of this report to our mailing address ² E-mail a copy of this report to wc.analysts@iic.idaho.gov for ACH/Wire payments