

STATE OF IDAHO
INDUSTRIAL COMMISSION

IC-4010 SEMI-ANNUAL REPORT
WORKERS' COMPENSATION PREMIUM TAX
FOR SELF-INSURED EMPLOYERS
For Year: _____

Mailing Address: P.O. Box 83720
Boise, ID 83720-0041

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

Semi-Annual Period:
JANUARY- JUNE (due Jul. 31)
JULY - DECEMBER (due Mar. 3)

Payment will be:
Check¹
ACH/Wire²

Report Type:
Original or First Filing Amended

Self-Insurers' Name: _____ FEIN: _____
Contact Person: _____ Title: _____
Address: _____
City: _____ State: _____ Zip-Code: _____
E-Mail: _____ Phone: _____ FAX: _____

1. Total Gross Wages \$ _____ (Form IC-4010a, Line 1)
2. Net Premium Equivalent \$ _____ (Form IC-4010a, Line 13)
Tax Rate 2.0% x 0.02
3. Premium Tax Due \$ _____ (Form IC-4010a, Line 15)
*Minimum Tax Due = \$75.00

AFFIDAVIT

_____, being first duly sworn, deposes and states that they are 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 _____

State of _____)
County of _____) ss.

This report must be completed 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
WCA@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 wca@iic.idaho.gov for ACH/Wire payments