

STATE OF IDAHO  
INDUSTRIAL COMMISSION

**IC-4008** SEMI-ANNUAL REPORT  
WORKERS' COMPENSATION PREMIUM TAX  
FOR THE PERIOD AND YEAR \_\_\_\_\_

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

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

**Payment will be:**  
Check<sup>1</sup>  
ACH/Wire<sup>2</sup>

**Street Address:** 11321 W. Chinden Blvd, Bldg #2  
(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..... \$ \_\_\_\_\_  
*Net Adjustments: Reverse Deductible Credits Taken,  
Returned Premiums and Premiums on Policies Not Taken.....* ( + ) \$ \_\_\_\_\_  
Net Premiums Written, before deductible credits..... ( = ) \$ \_\_\_\_\_ x .02  
**Tax Due** (Net Premiums x 2.0% Tax Rate) ( x ) \$ \_\_\_\_\_

**\*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 Idaho Code, Sections 72-306A, 72-523, and 72-524, 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 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. (Section 72-526)**

NOTE: SUBMIT SIGNED AND NOTARIZED REPORT AND/OR QUESTIONS TO  
**WCA@IIC.IDAHO.GOV**

<sup>1</sup> Mail checks **with** a copy of this report to our mailing address

<sup>2</sup> E-mail a copy of this report to wca@iic.idaho.gov for ACH/Wire payments