

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

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**

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