



Workers' Compensation Employers Payroll Statement

Employer Name and Address:	Date:	
	Policy Number:	
	Policy Period:	
	From:	To:
Producer Name and Address:	Payroll Period	
	From:	To:
	THIS REPORT IS NOW DUE	

Corporate Offices
 Woodland Hills, CA
 Reply to: P.O. Box 9055
 Van Nuys, CA 91409-9055
 (818)713-1000
Premium Audit Hotline
 (800) 552-4441
 Fax (818) 710-0723

IMPORTANT

1. PREPARE REPORT WHEN RECEIVED, EVEN IF YOU HAVE NO WAGES THIS PERIOD.
2. LIST EACH KIND OF WORK DONE, ITS LOCATION AND ITS PAYROLL FOR "PAYROLL PERIOD".
3. SIGN REPORT.

COMPLETE ALL SECTIONS. IF ANY SECTION DOES NOT APPLY, INDICATE BY WRITING "NONE"

Section A.	1. Corporation: List each officer's name, title, duties, and earnings. All executive officers must be listed.	2. Individual Owner: List each relative's name, relationship, duties, and earnings. Indicate if any relative resides with employer.	3. Partnership: List each partner's name, title, duties, and earnings (include profits).
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For Co. Use	Name	Title or Relationship	Duties	Location	Gross Payroll

Section B.	ENTER IN THIS SECTION GROSS PAYROLL, INCLUDING SALARIES, WAGES, COMMISSIONS, BONUSES, VACATION PAY, SICK PAY, ETC, BEFORE ANY DEDUCTIONS ARE MADE FOR SOCIAL SECURITY, UNEMPLOYMENT OR DISABILITY, FEDERAL INCOME TAX, BONDS, ETC. SEGREGATE PAYROLL INTO THE APPROPRIATE CLASSIFICATION BASED ON THE WORK PERFORMED. ***EXCLUDE PAYROLLS LISTED ABOVE***			
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Class Code	Description of Work Done Add Any Operations Not Described Below	Location	Base Rate For each \$100 Payroll	Gross Payroll

Did you furnish lodging? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Do payroll figures above include these charges? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Please give your estimated value of lodging: _____
Did your employees receive tips? _____ Are value of tips included in above payroll? _____ Did you pay overtime? _____ Did you deduct the premium pay from the above? _____	
Total # of hours your employees worked for payroll period: _____ Total of all payroll as shown: \$ _____ (Note: If an employee is paid a salary, please assume a 40 hour work week.)	
Contract Work: Include payroll in section B above of persons performing work on a "contract" basis unless they furnish you with an insurance certificate from their insurance carrier showing that they carry Workers' Compensation insurance.	

I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all of the employees covered under the above policy for the period stated.

Date _____	x _____ Signature of Owner, Co-partner, or corporate officer Bookkeeper or Accountant	_____ Address where payroll records are kept Street address, NOT P.O. Box	_____ Telephone
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PLEASE MAIL COPY TO ZENITH INSURANCE COMPANY

Zenith Insurance Company
www.thezenith.com