

STATE OF IDAHO
INDUSTRIAL COMMISSION
P.O. BOX 83720
BOISE, ID 83720-0041

SEMI-ANNUAL REPORT
WORKERS' COMPENSATION PREMIUM TAX
FOR THE PERIOD AND YEAR _____

Street Address: 700 So. Clearwater Ln, Boise ID

JANUARY - JUNE

JULY - DECEMBER

INSURANCE COMPANY: _____ FEIN: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Fax: _____

Gross Premiums Written		\$	_____
Less: Returned Premiums and Premiums on Policies Not Taken	(-)	\$	_____
Net Premiums Written	(=)	\$	_____
Tax Rate 2.5%	(x)		_____ .025

Tax Due (Net Premiums x Tax Rate) \$ _____

***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 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 is due within 30 days after February 1 (by March 3) for the last six months of the preceding year, and within 30 days after July 1 (by July 31) 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 upon the reporting period.

WHITE COPY - INDUSTRIAL COMMISSION
YELLOW COPY - IDAHO DEPT OF INSURANCE
PINK COPY - TAXPAYER