## Workers Compensation Audit Report Form for Municipalities

Policy Holder:				
Policy Number:				
Audit Period:				
Audit ID:				
Entity Name	FEIN			
Description of Operations (Please	provide a detailed description)			
Are there any changes to your workers compensation policy during this policy period?				

## **CONTROL FIGURES**

INSTRUCTIONS: Please list total wages from your last four Federal 941s and State Unemployment tax reports in this section (if more than one entity is listed on page 1, please provide the applicable tax documents for each entity). **Copies of the 941s must accompany this audit report as verification.** If your company is not required to file 941s, we ask that you attach a copy of your latest Federal Tax Return Form 1040C, 1065, 943, 1120, payroll report or general ledger report.

Please enclose copies of your unemployment tax forms that most closely correspond to your policy period.

Quarter/Year	Total Wages from State Unemployment Reports	Total Wages from 941 Reports	Excludable Taxable Tips from 941 Reports	Contributions Not Reported on 941 (ex: 401K, Sec 125)
				T

DO YOU HAVE EMPLOYEES?:						
How many employees do you have?:						
DO YOU USE SUBCONTRACTORS, CASUAL LABOR, OR CASH LABOR?:						
SUBCONTRACTORS/CASUAL LABOR/CASH LABOR						
List the pay of all persons who performed work on a contract basis such as subcontractors, casual labor, and cash labor. Total cost includes the cost of all labor, materials and equipment. Please provide certificates of insurance or state exemption forms for these contractors. If you are unable to provide workers compensation certificates or state exemption forms, please show the breakdown between labor and materials.						
Please attach copies of workers compensation certificates of insurance or state exemption forms and forward them to our office referencing your policy number.						
Subcontractor - Columns:						
State	Name of Subcontractor	Type of Work Performed for Policyholder	Amount of Contract for Materials	Total Amount Paid		
Name & Title of Person Completing Form:						
Contact Phone Number:						
E-mail Address of Policyholder:						
Website Address:						

## **Municipal Employer Questionnaire**

Does this Municipality have the following payroll for above policy period? If so, indicate the payroll and number of individuals for elected officials and volunteers. <u>Please provide actual gross wages for the policy period of each job description below and include a payroll report and roster of elected officials and volunteers.</u>

8810-Clerical / Office

	Deputy Clerk					Deputy Treasurer
	Election Work	ers				Libraries or Museum
	Professional (	School Board)				Secretaries
	Dispatchers O Work	nly - No Onsite				City Manager
		9410-Municipal Er	mployees			
	Assessor - No	on-Elected				Board of Reviews
	Building Inspe	ctors				Electrical Inspectors
	Plumbing Insp	ectors				Liquor Inspectors
	Planning Com	mission				Zoning Board
	Transfer Station	on Attendant				Board of Appeals
	Deputy Super	visor				Zoning Inspectors
	Zoning Administ	rator				
		Elected Official	ls Only			
	*7720-Con	stables # of				8810-Clerk
	*8810-Trus	stees # of				8810-Treasurer
	*8810-Con	nmissioners # of				8810-Mayor or Village Pres.
	**9410-To			8	8810-Asse	ssor
		Volunteers (	<u>Only</u>			
	*7720-Public Offic	ers # of			*7	704/7904-Fire Fight.# of
	*7920/8868-Patrol	# of			*7	980/7380-Ambul. # of
Other Are Welfare Workers employed?	1 7	Under what classification?				
Is there any water rescue performed?	Is it performed on federally navigable waters?					
Are Youth Corp or Job Training Workers employed?	is pavioli lilciuucu:	Under what classification?				

Notes:

\*Include the number of employees.

\*\*8810 may be used only if the Supervisor is confined to an office 100% of his/her time, otherwise he/she shall be

Audit ID: 1

Please submit the completed form and required documents by one of the methods below:

Mail: Premium Audit Contacts

PO Box 40790 - Lansing, MI 48901-7990

Email: Premiumaudit@accidentfund.com

Fax 866-638-7491

If you have any questions, please contact the Premium Audit Department at: 866-206-5851