



# Work Comp Associates, Inc.

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*Florida's Premier Source for Workers' Compensation Coverage & Information*

## **Quarterly Self-Audit Form**

Revision date:

Instructions:

Instructions follow.

This form is provided courtesy of Work Comp Associates, Inc.

Mailing Address: P.O. Box 33297, Palm Beach Gardens, FL 33420-3297  
Physical Address: 9250 Alternate A1A, Suite A, North Palm Beach, FL 33403-1437

Tel. # 561-863-9581  
Fax. # 561-881-9745

# INSTRUCTIONS FOR COMPLETING THE WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT

Section 440.381(4) of the Florida Workers' Compensation Law requires each employer to submit to its workers' compensation carrier a quarterly self-audit of the employer's payroll, broken down by work code. This quarterly self-audit is to be supported by a copy of the quarterly earnings report required by chapter 443 of the Florida Statutes.

**The filing of each report will not necessarily result in a revision of your payments. If you feel a revision is in order, please attach a letter outlining the annual estimated payrolls by work code.**

The following numbers reference those on the reduced copy of the quarterly self-audit report shown below:

1. List officer(s)/owner(s) name, title, work code, and gross wages. **(If exempt, please work code is "Exempt".)**
2. List gross payroll by work code. (This is the total for your employees only **and includes gross overtime**)
3. List gross overtime by work code.
4. If you had any uninsured subcontractors, please list the contractor's name, appropriate work code and contract price. Attach an additional list if necessary.
5. Attach a copy of the UCT-6 State Unemployment Compensation Tax Form **and 941 employer's quarterly earnings report if you had tips** for the quarter ending 12/31/2006.
6. An owner or officer of the business must sign and date at bottom of the form.

**Please mail the quarterly self-audit and copy of your UCT-6/941 for the quarter ending \_\_\_\_\_ within 45 days to:**

**Work Comp Associates, Inc.  
P. O. Box 33297  
Palm Beach Gardens, FL 33420-3297  
1-800-258-9581 or (561) 863-9581**

## WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT

Name: Sample Company Number: WC123456

Quarter reporting: 12/31/2006

1	Name(s) of officers/owners	Title	Work code	Gross payroll
	Mr. John Q. President	President		

2	Work code	Classification	Gross payroll	Gross overtime
	5645	CARPENTRY		

4 **Tips -- Attach 941 Form (if Tip Credit applicable)** Number of Employees: \_\_\_\_\_  
 Uninsured subcontractor/Casual labor (Complete next line. Attach additional list if necessary.)  
 Name of contractor \_\_\_\_\_ Work code \_\_\_\_\_ Contract price (labor) \_\_\_\_\_

5 I understand that, as the employer,  
 If I file an application or application update containing false, misleading or incomplete information with the purpose of avoiding or reducing the amount of premium for workers' compensation coverage, it is a felony of the third degree;  
 I shall submit a copy of the quarterly earnings report and self-audits supported by the quarterly earnings report, Florida Statutes state that I will remain liable and will reimburse the insurance carrier for any workers' compensation benefits paid to this omitted employee;

6 **If I intentionally understate or conceal payroll, or misrepresent or conceal employee duties so as to avoid proper classification for premium calculations, or misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor, I, or my agent or attorney, shall pay to the insurance carrier a penalty of ten times the amount of the difference in premium paid and the amount I should have paid and reasonable attorney's fee.**

5 I hereby swear that the information contained herein is accurate and acknowledge that I have read the above statements.  
 Signature of officer or principal \_\_\_\_\_ Date \_\_\_\_\_

**Please attach quarterly UCT-6 report and return to our office to address above.** FL192CC 2/98 Premium Audit (96-094)

WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Quarter reporting: \_\_\_\_\_

Name(s) of officers/owners	Title	Work code	Gross payroll

Work code	Classification	Gross payroll	Gross overtime

Tips -- Attach 941 Form (if Tip Credit applicable)

Number of Employees: \_\_\_\_\_

Uninsured subcontractor/Casual labor (Complete next line. Attach additional list if necessary.)

Name of contractor \_\_\_\_\_ Work code \_\_\_\_\_ Contract price (labor) \_\_\_\_\_

I understand that, as the employer,

If I file an application or application update containing false, misleading or incomplete information with the purpose of avoiding or reducing the amount of premium for workers' compensation coverage, it is a felony of the third degree; I shall submit a copy of the quarterly earnings report and self-audits supported by the quarterly earnings report, Florida Statutes state that I will remain liable and will reimburse the insurance carrier for any workers' compensation benefits paid to this omitted employee;

If I intentionally understate or conceal payroll, or misrepresent or conceal employee duties so as to avoid proper classification for premium calculations, or misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor, I, or my agent or attorney, shall pay to the insurance carrier a penalty of ten time the amount of the difference in premium paid and the amount I should have paid and reasonable attorney's fee.

I hereby swear that the information contained herein is accurate and acknowledge that I have read the above statements.

Signature of officer or principal \_\_\_\_\_ Date \_\_\_\_\_

Please attach quarterly UCT-6 report and return to our office to address above.