## **WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT**

Policy name:			Policy number:				
Quarter reporting:							
Name(s) of officers/owners		Title Work code		Gross payroll			
			-				
Work code		Classification		Gross payroll		Gross overtime	
Tips—Attach 941 Form	n (if Tip Credit appli	cable)					
Uninsured subcontractor	or/Casual labor <i>(Comp</i>	lete next line. Attach addition	nal list if necessary.)				
Name of contractor		Work code			Contract price (labor)		
I understand that, as the							
If I file an application of to knowingly omit or compensation coverage premiums," then I have	onceal material information or for the purpose of	mation, required by § 4 f avoiding, delaying, or	40.381 [reporting p diminishing the an	ayrol nount	l], for the purpose	of obtaining workers'	
I "must submit a copy of self-audits supported by						carrier and submit	
"If an employee suffering the Department of Econol I "shall indemnify the country the employee was hired 21 days after demand by	nomic Opportunity of earrier for all workers after the filing of the	r the state agency provides' compensation benefits e quarterly report." § 44	ding reemployments paid to or on beha 40.381(7), Fla. Stat	t assis alf of . My	stance tax collection the employee," unlifailure "to indemni	n services," then ess I establish "that fy the insurer within	
If I intentionally under premium calculations, rating modification fac the difference in premi	" or misrepresent or ctor," I, or my agent	conceal "information or attorney, "shall pay	pertinent to the co to the insurance of	mpu carrie	tation and applica er a penalty of ten	tion of an experience times the amount of	
I hereby swear that the	information containe	ed herein is accurate and	d acknowledge that	I hav	re read the above st	atements.	
Signature of officer or prin			Date				

Please attach quarterly UCT-6 report and return to Summit • P.O. Box 988 • Lakeland, FL 33802-0988.

## **FLORIDA**

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

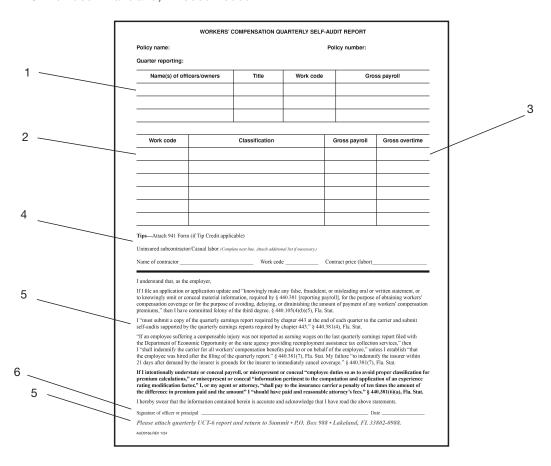
Section 440.381(4) of the Florida Workers' Compensation Law requires each employer to submit to its workers' compensation carrier a quarterly self-audit of the employer's payroll, broken down by work code. This quarterly self-audit is to be supported by a copy of the quarterly earnings report required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

The filing of each report will not necessarily result in a revision of your monthly installments. 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.
- 2. List gross payroll for employees by work code.
- 3. List gross overtime by work code.
- 4. If any uninsured subcontractors were used, list contractor's name, appropriate work code and contract price. Attach an additional list if necessary.
- 5. Attach a copy of the UCT-6 and employer's quarterly earnings report for the reported quarter.
- 6. Officer or principal of the business must sign and date at bottom of the form.

Mail the completed quarterly self-audit and copy of the UCT-6 within 45 days after the end of each quarter to: Summit • P.O. Box 988 • Lakeland, FL 33802-0988





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