



Policy Number:
Policy Period:
Insured:
Agent:

Fax To: Fax #: (952) 838-2050 Fax From: _____ Fax #: _____ Phone #: _____

Policyholder Payroll Audit Report

1. Officers - Please provide officer information regardless of whether officers have elected coverage or not.

Gross payroll includes bonuses, dividends, overtime pay, and tips. Officer draw should be listed separately.

Name	Title	% Owned	Active		Class Code (from 3a)	Weeks Worked	Draw	Gross Payroll	Overtime	Tips
			Yes	No						

2. Family Members - Please provide family member information regardless of whether family members have elected coverage or not.

For audit purposes, only list family members that worked for you. Family members are defined as: spouses, parents, or children of owners or officers, regardless of age. Gross payroll includes regular pay, bonuses, overtime, and tips.

Name	Related To	Relation	Duties	Class Code (from 3a)	Weeks Worked	Gross Payroll	Overtime	Tips

3a. Employee Payroll - Do not include previously entered officer and family member payroll.

Gross payroll includes regular pay, commissions, overtime, tips, housing allowance, and bonuses that were paid during the policy period.

Classification of Work	Class Code	Gross Payroll	Overtime	Tips

3b. Employee Payroll - If you had 10 or less employees during this policy period, please provide the requested information for each employee.

Gross payroll includes regular pay, commissions, overtime, tips, housing allowance, and bonuses that were paid during the policy period.

Name	Duties	Class Code (from 3a)	Gross Payroll	Overtime	Tips
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

4. Quarterly Payroll Reporting

From Minnesota state unemployment reports.
(Please provide copies for verification.)

Reporting Period	Gross Payroll
Total	

1. Did you hire any sub-contractors? Yes No

If yes, please provide all of the following:

- a) A list of sub-contractors used, indicating whether sub-contractor has employees, amounts paid during policy period, and description of work performed.
- b) Evidence of registration with the Secretary of State.
- c) Certificates of Workers Compensation Insurance.

2. Were any payments to individuals reported on a Form 1099? Yes No

If yes, please provide copies of forms and description of work performed.

3. Do you feel you have employees that do not fall within the class codes provided? Yes No

If yes, please explain.

4. Did you employ anyone who worked in the state of North Dakota? Yes No

5a. Existing Locations - Please review your existing location(s) and provide us with an updated employee count per location.

Federal Employers ID#: _____

Unemployment ID#: _____

Full-Time Employees: _____

Part-Time Employees: _____

5b. Additional Locations - Please list any additional locations that were not listed in the Existing Locations section.

Federal Employers ID#: _____
Unemployment ID#: _____
Full-Time Employees: _____
Part-Time Employees: _____

Federal Employers ID#: _____
Unemployment ID#: _____
Full-Time Employees: _____
Part-Time Employees: _____

Federal Employers ID#: _____
Unemployment ID#: _____
Full-Time Employees: _____
Part-Time Employees: _____

6. Entity Type - Please review the entity type for your business. If your entity type has changed, please provide detail below.

Entity Type:
Description:

General Description of Operations:

7. Contact Information

Individual Completing Audit: _____ Telephone Number: _____

Address: _____

Signature

Title

Date