

Instructions for Completing the Payroll Statement Form

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Period Beginning” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for dollar amounts.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat Professional - [WC112 Payroll Statement.pdf]

File Edit View Document Tools Advanced Window Help

Open Save Print Email Search eBooks Create PDF Review & Comment Secure Sign Advanced Editing

Select Text 118%

Bookmarks Signatures Layers Pages Comments

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

Clear Entire Form **Clear This Page**

PAYROLL STATEMENT FORM

for the period beginning and ending

Do Not Alter this Address Address Change or Correction

**"Clear Entire Form" button
Clears all information at once**

Note: All executive officers are to be reported under their classification at an individual payroll of \$700.00 per week.

Class No.	Manual Classification	No. Of Employees	Payroll	Rate	Premium Equivalent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.5 x 11 in 1 of 2 2:14 PM

PAYROLL STATEMENT FORM

Do Not Alter this Address

--

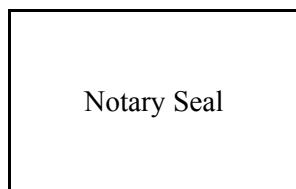
--

Class No.	Manual Classification	Number of Employees	Payroll	Rate	Premium Equivalent
	TOTALS				

Total Number Of Employees	
Total Payroll	\$
1. Total Of Payroll Premium Equivalents	\$
2. Premium Equivalent less Deductible, if applicable (see attachment 4), is the Subject Premium. Hazard Group Discounts: <ul style="list-style-type: none"> • 1 = 28.8 % • 4 = 19.0% • 7 = 12.2% • 2 = 24.8% • 5 = 16.4% • 3 = 23.1% • 6 = 14.0% 	\$
3. Subject Premium times NCCI Experience Mod = Modified Premium	\$
4. Modified Premium times Rating discount of 5.0% = Standard Premium	\$
5. Surcharge Premium: The standard premium minus the discount described below is the Surcharge Premium. <ul style="list-style-type: none"> • If standard premium (amount on line 4 above) is less than \$100,000, discount is 9.1%; • If standard premium is greater than \$100,000 and less than \$775,000, discount is 11.3%; • If standard premium is greater than \$775,000, discount is 12.3%. Standard premium minus this discount becomes the Surcharge Premium.	\$
6. Surcharge Premium times rate (0.60%) = surcharge due	\$

(The assessment of 0.60% is the combined total of two separate surcharges: the Major Medical and Subsequent Injury Funds at 0.10%; and the Cash Fund at 0.50%)

We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made, being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Workers' Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.



Notary Seal



Corporate Seal

President or Chief Officer

Secretary or Chief Agent

Subscribed and sworn before me this

day of _____, _____

Name of Contact Person

Notary Public _____

Phone Number (____) _____

My commission expires _____

Block Number _____

Mail to:
Division of Workers' Compensation
P.O. Box 628
Denver, CO 80201-0628
(303) 318-8767 FAX (303) 318-8778