

EXAMPLE

Audit Form

Due Date:

1	Business Information
Policy Number: _____ Report Period: _____ Policyholder Name: _____ Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____ Federal Employer's ID Number (FEIN): _____ Is the information listed above correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, make needed corrections. Provide a detailed description of your business operations. If necessary, continue on another sheet of paper. _____	

2	Audit Contact
Name: _____ Title: _____ Phone: _____ Extension: _____ Fax: _____ E-mail: _____	

3	Ownership	
Sole Proprietor, Partner, or Corporate Officer Information: Please describe specific job duties. For example, "floor supervisor, carpentry work" is acceptable while "owner, oversees business" is not.		
Name and Title	Exact Job Duties	Gross Wages*
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4	Employees		
Employee Information. If necessary, attach pages or supply a payroll summary.			
Name and Title	Detailed Description of Job Duties and Responsibilities	Gross Wages & Overtime*	Overtime Wages
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

*Gross wages represent the total paid to each person during the policy term before taxes, including commissions and bonuses.

Audit Form

(continued)

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5 Subcontractors

Did you use subcontractors during the policy term? Yes No

If yes, list below. Any individual or business that assists in providing a product or service to your customer but is not included in your tax returns as an **employee (compensated by check or cash)** would be considered a subcontractor. A subcontractor may work for another organization or may be independent. If necessary, attach additional pages.

Name or Business Name	Job Duties	Total Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Attach your most recently filed 1099s (if any), the 1096, and valid certificates of Workers' Compensation (if any).

6 Tax Documentation

Payroll Verification: Attach copies of the most recent four quarters of your:

- IRS Form 941: Employer's Quarterly Federal Tax Returns OR
- State Unemployment Tax Forms

7 Statement

Any person who makes, or causes to be made, any knowingly false or fraudulent material statement or representation with the intent to defraud or deceive any insurance company regarding the proper calculation of premium, including (but not limited to) the amount of payroll or employee job duties or other facts relevant to the proper classification of payroll, commits a fraudulent insurance act, which is a crime and may subject such person to criminal or civil penalties.

I certify the information on this document to be complete and accurate.

Signature

Date

Premium Audit Checklist REMINDER:
Be sure you have included:

- Audit Contact Information (name and phone number)
- Subcontractor Forms (all 1099s, 1096, and Certificates of Insurance for the policy period)
- Tax Documentation (IRS Form 941 or State Unemployment Quarterly Returns for the most recently completed four quarters)