

# WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT

P.O. Box 988, Lakeland, FL 33802-0988

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)

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 reports, required by chapter 443, at the end of each quarter. If I omit the name of an employee from this 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 times the amount of the difference in premium paid and the amount I should have paid and reasonable attorney's fees.**

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 address above.***