

Workers' Compensation

Employer's Quarterly Report

File online now by going to:

Policyholder

L&I Account ID: _____

Report is for quarter ending:

WA Unified Business Identifier (UBI):

Due date:

Questions? Call your Account Manager:

Your business currently has optional workers' compensation coverage

for owners, partners, corporate officers, or LLC members. Yes ☐ No ☐

If marked yes, remember to include these hours in the class worked.

Enter total worker hours for each class to calculate the premiums you owe this quarter. Instructions are enclosed.

[illegible]

**Preparer's
information:**

Preparer (First, Last)	
Daytime Phone ()	I declare under the penalty of perjury of the laws of the state of Washington (RCW 9A.72.020) that the information contained in this report and in
E-mail	
Signature X	

I declare under the penalty of perjury of the laws of the state of Washington (RCW 9A.72.020) that the information contained in this report and in any attachment is true and correct.

*Make all checks payable to the Department of Labor & Industries.
Payment must be postmarked by due date above.*

☐ **Address or owner change?**
Please check here and complete change form.

7	Subtotal	
8	Subtract any existing L&I credit	
9	Add any previous balance you owed	
10	Add any late penalties you owe*	
11	Add any late interest you owe*	
12	Amount due	\$

* Enclosed instructions explain our late fees.

Remit ID

\$

**Business
changes:**

Please let us know right away if you have any of the following changes to report. Then sign below in the signature box.

**Has your business address or phone number changed?
If so, fill out below:**

New Address	
City	
State	Zip
New Phone ()	
Effective Date	

This is a : ☐ New mailing address ☐ New location

**Have you closed or sold your business, or no longer have employees?
If so, fill out below and we will close this account:**

Reason: ☐ Business closed ☐ Continuing business - no employees ☐ Business sold

Effective Date of Change: _____

If available, provide new owner's information:

New Owner's Name & UBI#	
New Owner's Phone ()	
Effective Date	

Signature X	Phone Number ()
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I authorize the changes shown above.

Other changes or questions?

Contact your Account Manager at the number listed on the front of this form.