

## Workers' Compensation

**Employer's Quarterly Report** 

Report is for	quarter ending	]:
WA Unified B	usiness Identi	fier (UBI);
Due date:		

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No worker hours this quarter?

You will still need to submit a quarterly report. (See enclosed instruction sheet.)

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.

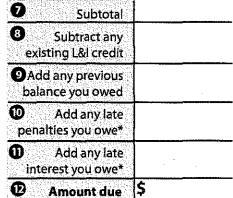
Class Code	Class Code Description	3 Gross Payroll	Worker Hours X	<b>5</b> Your Rate	= 6 Premium
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Preparer (First, Last) Preparer's Daytime Phone information: I declare under the penalty of perjury of the laws of the state of E-mail Washington (RCW 9A.72.020) that the information contained Signature In this report and in X 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.



\* Enclosed instructions explain our late fees.

Remit ID

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## 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		This is a:	New mailing address	New location
New Phone					
Effective Date				and the state of t	
	ı closed or sold out below and v			have employe	es?
	Business closed  Date of Change:  Die, provide new		ess - no employees  rmation:	Business sold	
New Owner's N	ame & UBI#				
New Owner's P	hone )				
Effective Date					
Signature <b>X</b>	es para o emilio em estado e previ	<u> 1949 (1933-1937), 1956 (1964 (1956)</u>	Phone Number		

I authorize the changes shown above.

Other changes or questions?

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