



Interim Audit # _____

Policy Number: _____

Policy Period:

From: _____ **To:** _____

Audit Period:

From: _____ **To:** _____

SELF AUDIT

INSTRUCTIONS:

1. List Gross Wage totals for each classification code(s) listed below.
2. List Section 125 Wages if not included in the gross wage totals for each classification code(s) listed below.
3. List any Contract or Housing Allowances in the spaces provided.
4. Add totals from each column and list in the Gross Wage Grand Total column.
5. List any Overtime Wages by Workers Compensation class code in the spaces provided.
6. List the Tips/Gratuities amounts in the space provided.
7. Do not deduct any wages when reporting. FHM will deduct applicable wages when the audit is processed.
8. If you have Contract/Casual Labor and do not have a current Workers' Compensation Certificate on file, you are required by law to report these wages. Please provide a separate sheet showing names, wages, and type of work (if applicable).
9. Please attach copies of the 941 forms and quarterly state wage report for verification.
10. Complete all sections. If any section does not apply, indicate by writing 'none'.

4 Digit Class. Code	Number of Employees	Gross Wages	Section 125 Wages	Contract or Housing Allow.	GROSS WAGE GRAND TOTAL	Overtime Wages
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
Totals:		\$	\$	\$	\$	\$

List (if any) Gratuities/Tips here: \$ _____

Do you have a Section 125 Cafeteria Plan? Yes No

Business is a: (check one) Corporation Partnership Sole Proprietor LLC

Type of Business: (check one) Non-Construction Business Construction Business

Officer Name	Officer Title	WC Class Code	Gross Wages	Included or Excluded	Active or Inactive

****STATEMENT BY CORPORATE OFFICER/OWNER/PARTNER OR PREPARER OF THESE FORMS****

I UNDERSTAND THAT IT IS A FELONY FOR ANY PERSON TO KNOWINGLY MAKE ANY FALSE, FRAUDULENT, OR MISLEADING ORAL OR WRITTEN STATEMENT, OR TO KNOWINGLY OMIT OR CONCEAL MATERIAL INFORMATION FOR THE PURPOSE OF AVOIDING, DELAYING OR DIMINISHING THE AMOUNT OF PAYMENT OF ANY WORKERS COMPENSATION PREMIUMS.

Officer/Partner/Other

Title

Signature

Phone Number

Fax Number

Email Address

Please keep a copy for your records and send original to:

FHM Insurance Company
 Premium Audit Dpt.
 P. O. Box 616648
 Orlando, FL 32861-6648
 407-351-1212 888-346-3461 X252