

**INDUSTRIAL COMMISSION OF ARIZONA
 SELF-INSURER'S QUARTERLY
 ADMINISTRATIVE AND SPECIAL FUND TAX FORM 101 FOR 2011**

FROM: <input style="width: 100%; height: 15px;" type="text"/> Self-Insured Name <input style="width: 100%; height: 15px;" type="text"/> Street Address <input style="width: 100%; height: 15px;" type="text"/> City State Zip code	March 30, 2011 DUE April 30, 2011 June 30, 2011 DUE July 31, 2011 September 30, 2011 DUE October 31, 2011 December 30, 2011 DUE January 31, 2012
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COMPUTATION OF QUARTERLY TAXES

Any insurer which paid or is required to pay a tax of two thousand dollars or more for the preceding calendar year shall file a quarterly report, in a form prescribed by the commission, accompanied by a payment in an amount equal to the tax due at the rates prescribed. A.R.S. § 23-961 (L)

A. METHOD I

1 2010 Net Taxable Premium (Reference Form 100, Line A)	<input style="width: 100%; height: 15px;" type="text"/>
2 Administrative Tax - A.R.S. § 23-961 (J) (Multiply line 1 by 3.00%)	<input style="width: 100%; height: 15px;" type="text"/>
3 Multiply Line 2 by 25.0% or 0.25	<input style="width: 100%; height: 15px;" type="text"/>
4 Special Fund Tax - A.R.S. § 23-1065 (A) (Multiply line 1 by 1.50%)	<input style="width: 100%; height: 15px;" type="text"/>
5 Multiply Line 4 by 25.0% or 0.25	<input style="width: 100%; height: 15px;" type="text"/>
6 No Insurance Tax - A.R.S. § 23-966 (D) (Multiply line 1 by .5%)	<input style="width: 100%; height: 15px;" type="text"/>
7 Multiply Line 6 by 25.0% or 0.25	<input style="width: 100%; height: 15px;" type="text"/>
8 Apportionment Tax - A.R.S. § 23-1065 (F) (Multiply line 1 by .5%)	<input style="width: 100%; height: 15px;" type="text"/>
9 Multiply Line 8 by 25.0% or .025	<input style="width: 100%; height: 15px;" type="text"/>
10 Amount Due (Add lines A3, A5, A7 & A9 together and pay this amount)	<input style="width: 100%; height: 15px;" type="text"/>

B. METHOD II

This method will be based on actual payroll by Workers' Compensation Code and losses for the applicable quarter. If this method is selected, please contact us to obtain the necessary forms.

Failure to pay taxes on time will result in penalty and interest being assessed pursuant to A.R.S. § 23-961 (N), "the greater of twenty-five dollars or five percent of the tax or amount due plus interest at the rate of one per cent per month from the date the tax was due."

Please return the **COMPLETED SIGNED ORIGINAL** with your check payable to **Industrial Commission of Arizona** for the total amount due and mail to:

**Industrial Commission of Arizona
 Attention: Tax Accountant
 800 West Washington Street, Suite 301
 Phoenix, Arizona 85007**

If there are any questions, please contact the Tax Accountant at 602-542-1836 or e-mail at taxes@ica.state.az.us

I certify that the foregoing is correct to the best of my knowledge and belief: (please complete all of the information).

Officer Signature: _____	Primary Email Address:	<input style="width: 100%; height: 15px;" type="text"/>
Name: <input style="width: 100%; height: 15px;" type="text"/>	Primary Phone Number:	<input style="width: 100%; height: 15px;" type="text"/>
Title: <input style="width: 100%; height: 15px;" type="text"/>		
Date of Officer Signature: _____	Alternative Email Address:	<input style="width: 100%; height: 15px;" type="text"/>
Name and Title of Person completing form if different than above:	Alternative Phone Number:	<input style="width: 100%; height: 15px;" type="text"/>
	FAX Number:	<input style="width: 100%; height: 15px;" type="text"/>

Date Form Completed: _____