

**WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT**

Policy name: \_\_\_\_\_

Policy 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 and “knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information, required by § 440.381 [reporting payroll], for the purpose of obtaining workers' compensation coverage or for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums,” then I have committed felony of the third degree. § 440.105(4)(b)(5), Fla. Stat.

I “must submit a copy of the quarterly earnings report required by chapter 443 at the end of each quarter to the carrier and submit self-audits supported by the quarterly earnings reports required by chapter 443.” § 440.381(4), Fla. Stat.

“If an employee suffering a compensable injury was not reported as earning wages on the last quarterly earnings report filed with the Department of Economic Opportunity or the state agency providing reemployment assistance tax collection services,” then I “shall indemnify the carrier for all workers' compensation benefits paid to or on behalf of the employee,” unless I establish “that the employee was hired after the filing of the quarterly report.” § 440.381(7), Fla. Stat. My failure “to indemnify the insurer within 21 days after demand by the insurer is grounds for the insurer to immediately cancel coverage.” § 440.381(7), Fla. Stat.

**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.” § 440.381(6)(a), Fla. Stat.**

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 Summit • P.O. Box 988 • Lakeland, FL 33802-0988.**

# FLORIDA

## INSTRUCTIONS FOR COMPLETING THE WORKERS' COMPENSATION QUARTERLY SELF-AUDIT REPORT

Section 440.381(4) of the Florida Workers' Compensation Law requires each employer to submit to its workers' compensation carrier a quarterly self-audit of the employer's payroll, broken down by work code. This quarterly self-audit is to be supported by a copy of the quarterly earnings report required by Chapter 443 of the Florida Statutes.

The filing of each report will not necessarily result in a revision of your monthly installments. If you feel a revision is in order, please attach a letter outlining the annual estimated payrolls by work code.

The following numbers reference those on the reduced copy of the quarterly self-audit report shown below:

1. List officer(s)/owner(s) name, title, work code and gross wages.
2. List gross payroll for employees by work code.
3. List gross overtime by work code.
4. If any uninsured subcontractors were used, list contractor's name, appropriate work code and contract price. Attach an additional list if necessary.
5. Attach a copy of the UCT-6 and employer's quarterly earnings report for the reported quarter.
6. Officer or principal of the business must sign and date at bottom of the form.

Mail the completed quarterly self-audit and copy of the UCT-6 within 45 days after the end of each quarter to:  
Summit • P.O. Box 988 • Lakeland, FL 33802-0988

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