

DIVISION OF WORKERS' COMPENSATION
 BUREAU OF MONITORING AND AUDIT
 SELF-INSURANCE SECTION

SELF-INSURER PAYROLL REPORT

EMPLOYER NAME AND ADDRESS:

EMPLOYER NO.	PERIOD COVERED
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EXPERIENCE MODIFICATION _____

*Includes the entire remuneration, whether paid in money or a substitute for money, for services rendered by employee.

AMOUNT OF PAYROLL BY OCCUPATIONAL CLASSIFICATIONS

OCCUPATION	MANUAL CLASS	PAYROLL*	RATE PER \$100	PREMIUM

Please return form to : SELF-INSURANCE SECTION
 200 East Gaines Street
 Tallahassee, Florida 32399-4224

ASSESSMENT COMPUTATIONS WILL BE SENT WITH BILLING