

As a member of the Alabama Self Insured Worker's Compensation Fund, your company provided estimated payroll at the beginning of the fund year. Monthly contribution billings during the year are based on this estimated payroll. At the close of each year, actual payroll must be determined.

In some cases, an employee of Employer's Claim Management Inc. or one of our outside auditing firms will call to schedule a convenient time to visit your office to perform a physical audit of your payroll records. In other cases, your company may be selected to participate in our self-audit program. The following information is provided as an example of how to complete a self-audit.

To review answers to frequently asked questions, please visit our website www.employersclaim.com and click on the heading titled Payroll Audit. Should you or your company have questions regarding the audit process, either self-audit or physical audit, please contact us.

Sincerely,

**Audit Department
Employer's Claim Management Inc
334-277-9395
auditdept@employersclaim.com**

Self-Audit Report

Member #:
 Audit Request ID:
 Audit Period:

A

Average Number of Employees _____

B Class Code	C Classifications of Operations		D Total Gross Wages	E Overtime Wages	
TOTALS					

Total Gross Wages: Include all types of wages before any deductions - salary, hourly wages, overtime, commissions, draws, bonuses, 401K, Cafeteria Plan, 403B, holiday pay, vacation pay, sick pay, piecework, profit sharing, incentive pay, hand tool allowance, jury duty, housing, etc.

Overtime Wages: Total **dollar** amount of overtime wages. Overtime is normally reported at time and a half of the regular rate. If your company's overtime is reported differently, state how it is reported on the audit form. The overtime dollars shown in this column should have been **included** in the Total Gross Wages column.

F

You must attach a copy of the 20XX Federal Forms W-3 & 940.

Please Return Prior To February 28, 20XX. Thank You!

Please Mail, Overnight, Fax – OR – Email to:
 Employer's Claim Management, Inc.,
 Attn: Audit Department,
 P. O. Box 5614, Montgomery, Alabama 36103
 6316 Woodmere Blvd, Montgomery, Alabama 36117
 Fax: 334-834-9022 Email: auditdept@employersclaim.com

G

I hereby certify the above information to be true and correct. I understand that once I receive the final audit statement I have a 30 day review period and after 30 days the audit is considered final. I understand that the submission of this information does not waive the right of the Alabama Self-Insured Worker's Compensation Fund to inspect my records as stated in the Participation Agreement.

Signature	Print Name
Date	Title
Phone Number/Fax Number	Email Address

Page 2 Instructions – Self-Audit Report

- A. Provide the average number of employees for the audit period. This is asking for an *estimate* of the number of employees on payroll at any given time. Here is an example of how to calculate the average number of employees.

Total # of employees paid during 1 st Quarter	10
Total # of employees paid during 2 nd Quarter	20
Total # of employees paid during 3 rd Quarter	10
Total # of employees paid during 4 th Quarter	15

Total # of employees paid during the year 55

Divide the total # of employees paid during the year by the # of quarters.

$55 \div 4 = 13.75$ for the average number of employees

- B. Class Codes are the numeric coding system to group employees. If you need assistance in deciding which code best applies to an employee, you may contact the Audit Department at Employer's Claim Management Inc.
- C. Classifications of Operations provides a brief description of the class code(s) associated with your business operations.
- D. Gross wages should be entered in the "Total Gross Wages" column of the self-audit report. Gross wages are defined as wages before any taxes or deductions. Gross wages include but are not limited to salary, hourly wages, overtime, commissions, draws, bonuses, 401K, Cafeteria Plan, 403B, holiday pay, vacation pay, sick pay, piecework, profit sharing, incentive pay, hand tool allowance, jury duty, housing, etc.
- E. In the column labeled "Overtime Wages" enter total overtime wages paid during the audit period. Overtime is normally reported at time and a half, however, if your company's overtime is reported differently state how it is reported on the audit form, otherwise the overtime wages will be considered as time and a half. *Example: If your employee's hourly wage is \$10 and the overtime rate of pay is \$15 (time and a half), you would report \$15 in the Overtime Wages column on the audit.* The overtime wages are also included in the Total Gross Wages Column of the audit.
- F. **Your audit is not complete without the required Federal and/or State forms.** If you have any questions on which payroll documents to send, contact the Audit Department at Employer's Claim Management Inc. Here is a general guideline to assist you.
- Calendar year audit period - submit a copy of the Federal Form 940 and Form W-3.
 - Less than 12 months audit period - submit copies of the State of Alabama Department of Labor Form UC-CR-4 Quarterly Contribution & Wage Reports for the quarters concurrent with the audit period.
 - If your company pays wages outside the state of Alabama, contact the Audit Department at Employer's Claim Management Inc. and we will be glad to assist you in which payroll documents to send.
- G. **You must sign and print your name on the form and include your phone, fax, and email information.** This can be signed by the preparer of the form. In the event the auditor has questions regarding your submission, we will be able to contact you.

The audit due date is February 28th!

MAKE A COPY OF THE ENTIRE AUDIT FOR YOUR RECORDS FOR FUTURE REFERENCE!

Member #:

Audit Request ID:
Audit Period:

Company Information

A

Please indicate the legal entity type for your company:

Corporation LLC LLP Sole Owner Partnership Other _____

Does your company utilize any temporary employment services? Yes No

Does your company lease employees from an employee leasing company? Yes No

Were there any changes in owner(s)/officer(s) during the audit period? Yes (Please indicate in chart below.) No

Were there any changes in operations during the audit period? Yes (Please attach an explanation.) No

Owner/Officer Information

Please indicate if you are adding, deleting, or changing an owner/officer. Provide a brief description and date of change.

Corporation, Limited Liability Corporation, or Limited Liability Partnership -

List the executive officers of the corporation or members of the limited liability company. Executive officers of the corporation are the President, Vice President, Secretary, Treasurer or any other officer as stated in the charter or by-laws of the corporation. Please include the name, corporate title, class code that includes their earnings on the Self-Audit Report, description of duties and total gross before any deductions. The audit department will apply any limitations or exclusions of salaries.

Sole Owner or Partnership -

List the name of the sole owner or partner(s), class code that includes their earnings on the Self-Audit Report, description of duties, and total gross before any deductions.

B Name	C Title	D Class Code	E Description of Duties	F Total Gross Wages	G Total Gross Wages Included on the Self-Audit Report?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify the above information to be true and correct. I understand that once I receive the final audit statement I have a 30 day review period and after 30 days the audit is considered final. I understand that the submission of this information does not waive the right of the Alabama Self-Insured Worker's Compensation Fund to inspect my records as stated in the Participation Agreement.

H _____
Signature Date

Please Mail, Overnight, Fax – OR – Email to: Employer's Claim Management, Inc.,
Attn: Audit Department
P. O. Box 5614, Montgomery, Alabama 36103
6316 Woodmere Blvd, Montgomery, Alabama 36117
Fax: 334-834-9022 Email: auditdept@employersclaim.com

- A. Indicate the legal entity type for your company. If you are not sure, this would be how you file your federal income taxes. Answer the remaining questions as yes or no. All questions need to be answered. If there was a change in owner(s)/officer(s) during the audit period be sure to indicate the change in the chart below. You can attach another sheet of paper if needed. If there were any changes in operations during the audit period, please attach an explanation of the changes. An auditor may contact you for more information.
- B. Provide the name(s) of all the Executive Officer(s) of the corporation as they are addressed in the charter or by-laws of the corporation; typically PRESIDENT, VICE PRESIDENT, SECRETARY, and TREASURER. For partnerships or sole owners, please list all of the Partners or Sole Owner's name(s). This information is necessary even if the officer has a signed exemption on file with our office. Our auditor's will make any necessary adjustments.
- C. Provide the corporate title of all officers, partners, or sole owners.
- D. Enter the class code from page 2 (Self-Audit Report) that applies to the officer. With regards to class codes, Executive Officers, Partners and Sole Owners should be classified based on their normal daily duties.
- E. Provide a brief description of each officer's normal daily duties.
- F. List the officers' total wages before any deductions. Bonuses are to be included in the total gross.
- G. Answer the question yes or no. Did you include the total gross wages belonging to each owner/officer on page 2? Page 2 is the Self-Audit Report.
- H. Sign and date the form.

The audit due date is February 28th!
MAKE A COPY OF THE ENTIRE AUDIT FOR YOUR RECORDS FOR FUTURE REFERENCE!

Page 4 Instructions – Uninsured Subcontractor / Uninsured Contract Labor

- A. If your company uses subcontractors and/or contract labor and you do not have a certificate of their worker's compensation insurance on file for the time period the work was performed, provide the name of the person or company as they appear on your vendor list or the 1099. If your company does not use uninsured use subcontractors or contract labor, indicate not applicable or none on the form, sign and return. **You must return this form.**
- B. Provide a brief description of the services they performed.
- C. Indicate the amount paid for their services.
- D. Indicate if the amount paid was for labor only, labor and materials; or labor and equipment.
- E. Sign and date the form.

The audit due date is February 28th!

MAKE A COPY OF THE ENTIRE AUDIT FOR YOUR RECORDS FOR FUTURE REFERENCE!