

**INDUSTRIAL COMMISSION OF ARIZONA
INSURANCE CARRIERS
QUARTERLY TAX PAYMENT FORM 201 A, SPECIAL FUND
WORKERS COMPENSATION PREMIUM TAXES FOR 2010**

FROM:
 Carriers Name

 Street Address

 City State Zip code
 NAIC#:

March 31, 2010 DUE April 30, 2010
 June 30, 2010 DUE July 31, 2010
 September 30, 2010 DUE October 31, 2010
 December 31, 2010 DUE January 31, 2011

COMPUTATION OF QUARTERLY SPECIAL FUND TAXES

A. Method I

1 2009 Net Taxable Premium from Line 3 of Form 200	Line A1	\$ <input type="text"/>
2 Multiply line 1 by 1.5% or .015 ARS § 23-1065 (A)	Line A2	\$ <input type="text"/>
3 Multiply Line 2 by 25.% or .25	Line A3	\$ <input type="text"/>
4 Multiply Line 1 by 0.5% or .005 ARS § 23-966 (D)	Line A4	\$ <input type="text"/>
5 Multiply Line 4 by 25.% or .25	Line A5	\$ <input type="text"/>
6 Multiply Line 1 by 0.5% or .005 ARS § 23-1065 (F)	Line A6	\$ <input type="text"/>
7 Multiply Line 6 by 25.% or .25	Line A7	\$ <input type="text"/>
8 Amount Paid (Add lines 3, 5 & 7 together and pay this amount)	Line A8	\$ <input type="text"/>

B. Method II (Actual Premium)

1 Total of all premiums collected or contracted during quarter ending _____.	Line B1	\$ <input type="text"/>
2 Less following deductions from premiums: Applicable cancellations, returned premiums, cancellations, returned premiums, and all policy dividends or refunds paid or credited to policyholders within this State and not reapplied as premium for new, additional or extended insurance for quarter ended _____:	Line B2	\$ <input type="text"/>
3 Net taxable premiums (Subtract Line B2 from Line B1):	Line B3	\$ <input type="text"/>
4 Special Fund tax (Multiply Line B3 by 1.50%): A. R. S. § 23-1065 (A)	Line B4	\$ <input type="text"/>
5 Multiply Line 3 by 0.5% or .005 A.R.S § 23-966 (D)	Line B5	\$ <input type="text"/>
6 Multiply Line 3 by 0.5% or .005 A.R.S. § 23-1065 (F)	Line B6	\$ <input type="text"/>
7 Amount Paid (Add lines 4, 5 & 6 together and pay this amount)	Line B7	\$ <input type="text"/>

Penalty and interest will be assessed for failing to pay the tax on time: The greater of twenty-five dollars or five percent of the tax due plus interest at the rate of one percent per month from the date the tax was due, which is 30 days after close of the quarter. A.R.S. § 23-961 (N)

Please return the COMPLETED FORM with your check payable to Industrial Commission of Arizona for the total payment 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)

Signature: Telephone:
 Name: Title:
 E-mail: Fax: