NEW YORK STATE | Workers' Compensation Board

SELF-INSURER'S REPORT OF PAYROLL FOR ALL OPERATIONS

Self Insurance Office - 328 State Street - 3rd Floor, Schenectady, NY 12305

Twelve Months Ending December 31, _____

Insurer ID Number (W Number) _____

Name of Self-Insurer _____

Address (Principal Office) _____
No. & Street City State Zip Code

Nature of Business _____

Briefly describe the general character of the operations performed and the employer's articles manufactured or compounded at the plant or on the premises of the employer.

Briefly describe all classes of work performed away from the plant or premises, including the demonstration, if any, of the employer's product and all general operations or construction, installation, or excavation.

Report full payrolls for all employees, except executive officers. Payroll for executive officers should be no less than $1,025 weekly and no more than $3,100 weekly per officer. Include interstate, maritime, home workers, value of meals, and lodging, etc., received by employees and sub-contractors' employees' payrolls unless workers' compensation coverage is definitely provided by sub-contractors. Show bonus to employees separately by each classification below.

Payroll Class No.	Job Description of Payroll Classifications	Estimated Average Number of Employees	Wages Received by Each Class of Employees for Twelve Month Period Indicated Above
7380	Chauffeurs, drivers, and their helpers		
8742	Salespersons (inside & outside), collectors, claim adjusters, and messengers		
8751	Route Salespersons & Supervisors - Not Delivery		
8809	Executive officers, corporate-elected or appointed in accordance with the charter or by-laws		
8810	Clerical and office employees		
Attach additional sheets if necessary.	**TOTALS**	0	$0.00

IMPORTANT: SEE REVERSE SIDE

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GIVE LOCATION OF FACTORIES AND OFFICES IN NEW YORK STATE AND NUMBER OF EMPLOYEES IN EACH PLACE COVERED BY SELF-INSURANCE PRIVILEGE

Address	Number of Employees
TOTALS	0

The undersigned hereby affirms, under the penalties of perjury, that he/she is the _____
(Title)

of _____ **, the self-insured employer referred to in the foregoing statement of payroll**
(Company Name)

operations; that the foregoing statement is true; and that the comprises payroll for all self-insured operations.

_____ _____
Date Signed **Signature of Company Officer or Self-Insurer**

_____ _____
Telephone Number **Print or Type Name**