



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Division of Workers' Compensation

JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For Calendar Year _____

Name _____

Address (Principal office) _____
No. _____ Street _____
City _____ State _____ Zip _____

Nature of Business _____

PART I

Give location of factories, offices, or other working places in MISSOURI and number of employees in each place.	
Address	No. of Employees
Total	

PART II**CLASSIFICATIONS AND ANNUAL PAYROLL IN MISSOURI**

Classification Code Description	Class Code	Total Number of Employees	Wages Received Annually by Each Class Code
(Example) Clerical	8810*	200	\$2,912,000*
Total			

**Wages and class code should match payroll reported on Missouri Department of Commerce and Insurance, Table 1 - Tax Form*

(Name of Person Making Report)

(Title or Position)