

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

PART II

Give location of factories, offices, or other working places in MISSOURI and number of employees in each place.

Address	No. of Employees
Total	

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)