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)