

# Instructions for Completing the Payroll Statement Form

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Period Beginning” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for dollar amounts.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**Clear Entire Form** **Clear This Page**

**PAYROLL STATEMENT FORM**

for the period beginning  and ending   
Do Not Alter this Address Address Change or Correction

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: All executive officers are to be reported under their classification at an individual payroll of \$700.00 per week.

Class No.	Manual Classification	No. Of Employees	Payroll	Rate	Premium Equivalent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**"Clear Entire Form" button  
Clears all information at once**

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**PAYROLL STATEMENT FORM**

for the period beginning \_\_\_\_\_

and ending \_\_\_\_\_

Do Not Alter this Address

Address Change or Correction

Note: All executive officers are to be reported under their classification at an individual payroll of \$958.00 per week.

Class No.	Manual Classification	No. Of Employees	Payroll	Rate	Premium Equivalent
	TOTALS	_____	_____		_____

Total Number Of Employees	
Total Payroll	\$
1. Total Of Payroll Premium Equivalents	\$
2. Premium Equivalent less Deductible, if applicable (see attachment 4) = Subject Premium = (Hazard group discounts: 1 = 26.4% 2 =21.7% 3 = 19.0% 4 = 16.4%) 5=14.0% 6=10.3% 7=7.9%) _____%	\$
3. Subject Premium times NCCI Experience Mod = Modified Premium _____	\$
4. Modified Premium times Rating discount of 6% (includes 2½ % designated medical provider) = Standard Premium	\$
5. Standard Premium less Premium Discount (volume discount). If standard premium (amount on line 4 above) is less than \$100,000 discount is 9.1%, if \$100,001 to \$775,000 discount is 11.3%, if standard premium is over \$775,001 the discount is 12.3%. Standard premium less this discount becomes Surcharge Premium. _____%	\$
6. Surcharge Premium times rate (3.788%) = surcharge due	\$

(The assessment of 3.788% is the combined total of two separate surcharges. They are the Major Medical and Subsequent Injury Fund at 2.988%, and the Cash Fund at 0.8%.)

We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made, being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Workers' Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.

Notary Seal

Corporate Seal

\_\_\_\_\_  
President or Chief Officer

\_\_\_\_\_  
Secretary or Chief Agent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Name of Contact Person (print) (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

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