



**IDAHO STATE INSURANCE FUND**

1215 W. State Street, PO Box 83720  
Boise, IDAHO 83720-0044  
Phone (208) 332-2100 - (800) 334-2370

Policy Number #####  
Report ID #####  
Issue Date MM/DD/YYYY  
Anniv Rate Date MM/DD/YYYY

**PAYROLL REPORT**

**1** DUE DATE: MM/DD/YYYY

Cancellation may be initiated if report is not received by the due date

POLICY NAME  
ANY STREET  
ANY CITY ID 83700

UNDERWRITING DEPARTMENT  
UNDERWRITER'S NAME  
208/332-XXXX

**2** REPORT PAYROLL FOR: 01/01/2002 to 03/31/2002

Location: 2) BUSINESS LOCATION 1

<b>5</b> Class Code	Description	<b>6</b> Rate	<b>7</b> Payroll
801700	STORE: RETAIL NOC	1.45	_____ .00
801700	STORE: RETAIL NOC	1.45	_____ .00
	Covered officer: FIRST NAME 1 LAST NAME 1		
801700	STORE: RETAIL NOC	1.45	_____ .00
	Covered officer: FIRST NAME 2 LAST NAME 2		

Location: 2) BUSINESS LOCATION 1

<u>Class Code</u>	<u>Description</u>	<u>Rate</u>	<u>Payroll</u>
801700	STORE: RETAIL NOC	1.45	_____ .00

**3** NOTE\*\*\* Report only the straight time portion of overtime wages.

**4** Report uninsured contractors, subcontractors, contract labor and piece work in the appropriate class code with regular employee payroll.

ALL POLICIES ARE CONTINUOUS UNTIL CANCELLED

I certify the information given above is correct

Signature Title Phone Fed. I.D. No.

**8** \*\*DO NOT SEND PAYMENT WITH YOUR REPORT - A STATEMENT WILL FOLLOW\*\*