

Insurance Premium Assessment

For Quarter Ending _____



-Office Use Only-

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Amended Report: Place an "X" in this box if this is an amended WC-2:

Federal Employer Identification Number _____

Name of Carrier _____

Street Address _____

City, State and Zip _____

See reverse side for statutory provision.

1	Gross direct premiums for workers' compensation insurance this quarter	
2	Less deductions (See reverse side)	
3	Total	
4	Insurance premium assessment (1% of line 3)	

The undersigned hereby certifies, under penalty of perjury, that he/she executed this report of his/her free and voluntary will and as the duly authorized representative of the taxpayer named above, that the information and amounts herein contained reflect a true, accurate and complete statement.

Signed _____
Name of Carrier

By _____
Name and Title

Mail your report to: Oklahoma Tax Commission
PO Box 26850
Oklahoma City, OK 73126-0850

If you have any questions,
please call 405.521.3145

Insurance Premium Assessment

Each mutual or interinsurance association, stock company or other insurance carrier writing workers' compensation insurance in this state shall pay to the Oklahoma Tax Commission (OTC) an assessment at a rate of one percent of all gross direct premiums written during each quarter of the calendar year for workers' compensation insurance on risks located in this state after deducting from such gross direct premiums, return premiums, unabsorbed portions of any deposit premiums, policy dividends, safety refunds, savings and other similar returns paid or credited to policyholders. Such payments to the OTC shall be made not later than the 15th day of the month following the close of each quarter of the calendar year in which such gross direct premium is collected or collectible. Contributions made by insurance carriers, under the provisions of this section, shall be considered for the purpose of computing workers' compensation rates.