



Workers' Compensation Awards Tax Report

Oklahoma Tax Commission
PO Box 26850
Oklahoma City, OK 73126-0850

Name of Carrier or Self-Insurer		FEIN of Carrier or Self-Insurer	
Name of Person, Firm, Etc., Forwarding Remittance			
Mailing address of Carrier or Self-Insurer			
City	State	ZIP Code	County

Page _____ of _____

SELF-INSURERS ONLY
ASW

Court Number (1)	Employee Last Name, First and Middle Initial (2)	Taxable Award (4)	ASO Occupational Health and Safety Fund (0.75%) (5)	ASI (A) Multiple Injury Trust Fund (5%) (6)	ASI (B) Multiple Injury Trust Fund (3%) (7)	Insurance Premium Assessment (2%) (8)
	Employer (3)					
TOTAL this page						
TOTAL from supplemental page(s), Form WC-3-SUP						
SUBTOTAL (Total this page plus supplemental total)						

TOTAL (Add subtotal from columns 5, 6, 7 and 8)

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.

Signature	Title	Date
-----------	-------	------

Instructions and Tax Rates

Use this form to report workers' compensation related taxes payable pursuant to an order of the Oklahoma Workers' Compensation Court or Oklahoma Tax Commission (OTC). Mandatory inclusion of social security and/or federal identification numbers is required on forms filed with the OTC pursuant to Title 68 of the Oklahoma statutes and regulations thereunder, for identification purposes, and is deemed part of the confidential files and records of the OTC.

Column 1. List the court number as it appears on the court order or commission order.

Column 2. List the insured employees in alphabetical order by last name, first name and middle initial.

Column 3. List the employer.

Column 4. List the total taxable amount of the award.

Column 5. **Special Occupational Health and Safety Fund**

Every insurance carrier, individual self-insured employer, group self-insurance and "no insurance" employers shall pay an occupational health and safety fund tax up to the sum equal to three-fourths of one percent (0.75%) of each taxable award excluding medical payments and temporary total disability compensation. The tax shall be paid by the carrier, self-insurer or "no insurance" employer. No deduction shall be made from the award.

Column 6. **Multiple Injury Trust Fund (A)**

Uninsured employers (those who do not secure their workers' compensation obligations) are assessed five percent (5%) of their total compensation paid for permanent disability and death awards.

Column 7. **Multiple Injury Trust Fund (B)**

Every awarded claimant shall pay an assessment up to the sum equal to three percent of each taxable award. This deduction shall be taken from the award. The tax shall be collected by the insurance carrier, individual self-insured employer, group self-insurance and "no insurance" employers and paid to the OTC.

Self-Insured-Only

Column 8. **Insurance Premium Assessment**

Every authorized self-insured employer, including group self-insurance association, shall be assessed at a rate equal to two percent (2%) of the total compensation for permanent total disability, permanent partial disability and death benefits. The tax shall be paid by the self-insured employer. No deduction shall be made from the award.

Payment of the above taxes to the OTC shall be made no later than the 15th day of the month following the close of each quarter of the calendar year in which compensation is paid or became payable.