

## **SAMPLE AUDIT REPORT**

Insuring Company:	Address
Date of Notice:/_/_	
	Policy Number  Audit////  Term  Audit Type
. TELL US ABOUT YOUR BUSINESS	
Please provide a detailed description of	of your business operations (e.g. work performed, product iding any new operations added during this term.
. TELL US ABOUT YOUR COMPANY :	STRUCTURE
(Circle One) Individual Par	tnership Corporation Limited Liability Co.
during the policy term, and their expansion or have elected, by filing an exc	rporate Officer(s) along with their duties, number of weeks employed arnings/draws/profits. Include all principals even if they receive no clusion form, not to be covered. Please give more detail than simply ss. Be sure to include: Name, Title, Specific Duties, # of Weeks Employed,

Insured Name:	Policy Number:
Gross Payroll means the total a personnel no longer employed,	imount paid during the policy term for all full time and part time employees, including prior to any deductions.
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## 3. TELL US ABOUT YOUR EMPLOYEES - DO NOT INCLUDE INDIVIDUALS LISTED IN SECTION 2.

Please complete the worksheet below, If you have more than fifteen (15) employees you may copy this page and include it with the completed form or attach copies of the Quarterly State Wage Unemployment Reports for the period covered with a notation next to each individual to identify the work performed by each individual.

		Gross Wages	Overtime		
Employee Name	Description of Work Performed	(Incl. Overtime)	Time & One Half	Double Time	
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Insured Name:	Policy Number:	
4. TELL US ABOUT YOUR NON-EMPLOYEE LABOR		

Did you use anyone other than an employee to perform work, or a portion of a job, on your behalf? If you circle "No", no additional information is required to complete this section.

Yes No

ATTACH COPIES OF ALL CERTIFICATES OF INSURANCE PROVIDED BY YOUR CONTRACTORS COVERING THE DATES WORKED.

If the amounts paid to the contractor included the cost of materials provided by the contractor - please attach copies of the invoices. If yes, please complete the worksheet below.

Type Of Work	Dates Worked Total Amo	Total Amount		Did SUB Hire Helo		
Name Performed		Paid		Yes	No	
Roofing Work	1/1-312	\$8250	None	Yes		
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Committee of September 1			5			
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14-76-03-0-1						
	Type Of Work Performed  Roofing Work	C C W	Performed (From To) Paid	Performed (From To) Paid Supplied Bv Sub	Performed (From To) Paid Supplied Bv Sub Yes	Performed (From To) Paid Supplied Bv Sub Yes No

Insured Name:		
Policy Number:		
5. SEND US YOUR SUPPORTING DOCUME	NTATION	
In order to complete this report we need the foll	lowing forms pertaining to the poli	cy period:
- the last four(4) Federal Employ	er's Quarterly Tax Return	ı (Form 941) or State
Unemployment Wage Reports for a	all states covered on this	s policy.
- If you are sending Form 1120 or	1065, please also include	s Form 1125-A
If you do not file the forms listed above, please a	attach:	
<ul> <li>for Sole Proprietor, Profit or Loss Fron</li> </ul>		C pages 1 and 2
<ul><li>for Partnership, U.S. Partnership Retu</li></ul>	urn of Income (Form 1065) pages 1	and 2
<ul> <li>for Corporation, U.S. Corporation Inco</li> </ul>	ome Tax Return (Form 1120) pages	s 1 and 2
6. PLEASE SIGN YOUR REPORT		
Thank you for taking the time to complete this report to the office listed on Page 1.	report. Please fill in the information	n below and return your
Authorized Representative (Please Sign)	Title	Date
Authorized Representative (Please Print)	Area Code and Phone Num	ber
	1	
Email Address (Please Print)	Fax - Area Code and Phone	e Number