TDIC Workers' Compensation Payroll Reporting Form and Checklist



Print date: August 29, 2022

Policy Number: 005xxx

Named Insured: Sunny City Dental Organization Type: Corporation - Private Audited Policy Term: 08/12/2021 to 08/12/2022

If more space is needed than provided for any of the questions below, please attach a separate page. 1. List any changes to your practice that happened during the audited policy period, such as practice location changes, changes in any services provided, ownership structure changes, officer becoming inactive/retired, etc.								
2. List out all officers, their duties, par inactive, please note this under Duties wish to exclude, please provide their i	s. If your compa	ny is a sole p						
Name/Title/Relationship	Residing Insured		Duties	Payro	oll	Ownership Percentage		
4. Provide both payroll reports and D include all the additional named insurindividual covered entity for the polici	reds listed belowy term.	w. Please also	provide the addres	sses and approxim	nate payroll is	ssued by each		
Sunny City DDS, Inc	•	Location Address		Аррі	Approximate Gross Payroll			
5. Did you have any of the following types of excludable compensation? Backup documentation is required for deduction. □ Excess Overtime □ Employee contributions to Caf-125 plan □ Severance pay If other, that was not noted above, please explain and provide backup documentation:								
6. Do any of the following apply to wo	orkers in your p	ractice during	g the audited policy	term? Mark Any	that apply.			
☐ Out of state workers ☐ Volunteers or un		s or unpaid	inpaid student interns		\square Domestic workers			
7. We may require additional docume	ntation or have	questions au	dit related question	ns. Please provide	contact infor	mation.		
Contact Name/Title:		Phone:		E-m	E-mail:			
Signatura: V	Data							

(Must include signature of owner, co-partner, corporate officer, bookkeeper, or accountant for processing.)

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Check off the items	below and submi	it with vour	Signed Pa	vroll Repo	orting Form:
check off the feeling	DOIO II WIIW DUDIII	it with your	OISIICU I u	y r om recp	JI (1115) I OI 1111

- ☐ Payroll Reporting Form, must be completed, <u>signed</u>, and dated.
- A Payroll Report from your payroll software showing summarized payroll data. This report should be run by the check/payment dates that cover the entire audited policy term date range.
 - If payroll is calculated manually, please provide copies of your source payroll records, such as manual payroll journal, ledger, or timecards that showed all gross paid earnings during the entire audited term.
 - Payroll reports should include: (1) a subtotal/breakdown for each employee, (2) total earnings, (3) total overtime paid (if applicable), (4) withholdings and (5) deductions.
 - Note that payroll reports are needed to validate all deductions such as excess overtime, excluded officer
 earnings and severance pay.
- □ Copies of all DE9Cs (Quarterly Contribution Return and Report of Wages) for the last four quarters of the audited term. The Full DE9Cs are required. If you provide only the DE9 cover pages, your audit will be incomplete.
 - DE9Cs are payroll tax forms that a business with employees must submit to the state of California every quarter. They name each individual employee and their wages for the specific quarter. They can be obtained from the EDD. For more information visit edd.ca.gov.

Important! - Please redact any sensitive personal information, such as social security numbers, from all documents submitted for a payroll audit.

If you paid independent contractors, please also include the following with your submission:

Note that contracted worker refers to individuals who were not issued a W-2 as an employee, including; associate doctors, specialists, relatives, temporary workers, individuals paid for a working interview, individuals paid by the day, individuals paid cash and 1099 Misc. workers.

A contractor earnings report of all payments made to all contracted workers paid during the audited policy

period. The report should include the workers' names, duties, and amount paid for the policy period. If your payroll report already provides all 1099 payments, then a separate contractor earnings report will not be required.
Proof of workers' compensation coverage for all contracted workers. Proof of coverage is not needed for rents paid, supply vendors, or outside lab fees. (Inside lab technicians would need to have proof of coverage provided if not listed on the payroll as W-2 employees.)
If no proof of workers' compensation coverage can be provided for the contracted workers, you may complete an independent contractor questionnaire so that we can review the working relationship you have with the individual in order to determine either employee or independent contractor classification for workers compensation coverage purposes. Other coverages are not interchangeable with Workers' Compensation coverage.

Independent Contractor forms are available by emailing a request to WCAudits@tdicins.com. Please be advised that TDIC's determination of independent contractor/employee status is solely for purposes of determining the basis for your premium and shall not be construed as legal advice regarding the proper classification for other purposes or under other laws.

If you have questions, or need additional information, please see the Workers' Compensation Premium Audit Q&A page at www.tdicinsurance.com or contact your agent TDIC Insurance Solutions, by phone at 800.733.0633.