**ANNUAL REPORT OF SELF-INSURER'S PAYROLL**

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| --- | --- | --- | --- | --- |
|  | (Name of Person Preparing Report | | | |
|  | | | |
|  | (Company’s Name) | | | |
|  | | | |
|  | (Number and Sreet or P.O. Box) | | | (Telephone) |
|  | | |  |
|  | (City) | (State) | (Zip Code) | |
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|  | (Email) | | | |
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**Report due on or before March 1, 2025**

Code Section 34-9-63 of the Georgia Code Annotated provides for the Annual Assessment to be made after July 1 based on the total payroll for the previous calendar year. Overtime wages will be reported at normal rates.

**NOTE 1:**Unless the Executive Officers have elected to exempt themselves from Workers' Compensation coverage and filed the proper exemption papers with the Board, the payroll for all such officers named in the charter or by the bylaws of the Corporation shall be included in the payroll report. Subject to a minimum individual payroll of $1,300 per week and a maximum individual payroll of $5,100 per week.

**NOTE 2:**If board, lodging, house rent or other substantial perquisite is given the employee in addition to a fixed wage, the value of such board, lodging, house rent or other substantial perquisite must be included in the payroll.

**NOTE 3:**The correctness of this report must be sworn to and acknowledged before a Notary Public or other person authorized to administer oaths.

**NOTE 4:**UNLESS THE PAYROLL BELOW IS SUBDIVIDED INTO ITS PROPER CLASSIFICATIONS, THE HIGHEST RATE APPLICABLE WILL BE USED IN CALCULATING THE PREMIUM.

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| Payroll for Calendar Year 2024 | | | |
| Enter Type of Work | Enter No.  of Employees | Enter Payroll | Enter Job  Classification  Code |
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| TOTALS |  |  |  |
| IF ADDITIONAL SPACE IS NEEDED, PLEASE LIST ON SEPARATE SHEET AND ATTACH TO THIS FORM. | | | |

I, certify that the amounts appearing as wages for the period from January 1, 20\_\_\_\_ to December 31, 20\_\_\_\_ inclusive to the best of my knowledge and belief are true, correct and complete.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employer sign here; if a corporation, by an executive officer)

Subscribed and sworn to by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me, a Notary Public

in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness my hand and seal this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Enter Type of Work | Enter No.  of Employees | Enter Payroll | Enter Job  Classification  Code |
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| **NOTICE!** | **NOTICE!** | **NOTICE!** |

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| Enclosed is a copy of the Annual Report of Self-Insurer’s Payroll that must be completed, notarized and returned via email to assessment@sbwc.ga.gov on or before March 1, 2025.  If your company has been certified as a Drug-Free Workplace employer during calendar year 2024 you must attach a copy of the certification to the payroll report being submitted in order to receive the 7.5% credit reduction in the worker’s compensation calculated premium. It should be noted that the 7.5% discount will be pro-rated against the number of months your company was certified during the calendar year 2024.  The payroll report and certification may be faxed to my attention at (770) 408-4359  If you have any questions regarding the above, please contact me at (404) 656-2314. | |
|  | State Board of Workers’ Compensation  Alex Volodarsky  Chief Financial Officer |