



Washington State Department of Labor & Industries

PO Box 34022
Seattle WA 98124-1022

Workers' Compensation Employer's Quarterly Report

Find out how to file online next time by going to: QuarterlyReports.Lni.wa.gov

Use PAC code:

Policyholder

Due date:	
Report is for quarter:	
WA Unified Business Identifier (UBI):	
L&I Account ID:	
Questions? Call your Account Manager:	

No worker hours this quarter?
You will still need to submit a quarterly report.
(See enclosed instruction sheet.)

Your business currently has optional workers' compensation coverage for owners, partners, corporate officers, or LLC members. Yes No

If marked yes, remember to include these hours in the class worked.

Enter total worker hours for each class to calculate the premiums you owe this quarter. Instructions are enclosed.

1 Class Code	2 Class Code Description	3 Gross Payroll	4 Worker Hours	X	5 Your Rate	=	6 Premium
SAMPLE							

➔

Preparer's information:

Preparer (First, Last)
Daytime Phone ()
E-mail
Signature X

I declare under the penalty of perjury of the laws of the state of Washington (RCW 9A.72.020) that the information contained in this report and in any attachment is true and correct.

7	Subtotal	
8	Subtract any existing L&I credit	
9	Add any previous balance you owed	
10	Add any late penalties you owe*	
11	Add any late interest you owe*	
12	Amount due	\$

* Enclosed instructions explain our late fees.

**Make all checks payable to the Department of Labor & Industries.
Payment must be postmarked by due date above.**

Address or owner change?
If yes, please check here and complete back of this form.



**Business
changes:**

Please let us know right away if you have any of the following changes to report. Then sign below in the signature box.

**Has your business address or phone number changed?
If so, fill out below:**

New Address	
City	
State	Zip
New Ph ()	
Effective Date	

This is a : New mailing address New location

**Have you closed or sold your business — or no longer have employees?
If so, fill out below and we will close this account:**

Reason: Business closed Continuing business - no employees Business sold

If available, provide new owner's information:

New Owner's Name & UBI#	
New Owner's Phone ()	
Effective Date	

Signature X	Phone Number ()
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I authorize the changes shown above.

Other changes or questions?

Contact your Account Manager at the number listed on the front of this form.