Department of Commerce
WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan MP 96950
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QUARTERLY PREMIUM AND REMITTANCE REPORT

For the 2% Levy on Workers' Compensation Premiums Collected

Quarter Ending:_____,20____

Name of Carrier: _____

Address: _____

Fed. ID No.: _____

	Premium Written A	Premium Collected B
1. First Quarter (Jan., Feb., Mar.)		
2. Second Quarter (Apr., May, Jun,)		
3. Third Quarter (Jul., Aug., Sept.)		
4. Fourth Quarter (Oct., Nov., Dec.)		
5. Collection from previous year		
6. Total of line 1 thru 5		
7. Enter 2% of Line 6, Column B		
8. Deduct: Payment(s) made on previous quarter(s)		
9. Amount due this quarter		
10. Penalty for filing late		
11. Total amount due		

INSTRUCTIONS:

1. Enter the January, February and March net policy written on column A and the amount collected in column B.
2. Enter the April, May and June net policy written on column A and the amount collected in column B.
3. Enter the July, August and September net policy written on column A and the amount collected in column B.
4. Enter the October, November and December net policy written on column A and the amount collected in column B.
5. Enter on column B, the collections made from the previous year for which the 2% levy has not been paid.
6. Enter the total of lines thru 5.
7. Multiply the amount on column B, line 6, by 2% and enter here.
8. Enter total payments made on previous quarter/s.
9. Deduct the amount on line 8 from line 7, enter the difference here.
10. Penalty charges for late filing. Penalty is base on 12% per annum on amount unpaid.
11. Enter the total of lines 9 and 10. Make your check payable to TREASURER, CNMI.

DEADLINES: 1st Qtr.-April 30, 2nd Qtr.-July 31, 3rd Qtr.-Oct. 31, 4th Qtr.-Jan. 31

DECLARATION: I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

_____ Authorized Signature

_____ Title

_____ Date

FOR WCC USE ONLY

Received by:_____ Date Filed:_____

Official Receipt No.: