



STATE OF MISSOURI
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
 PROFESSIONAL REGISTRATION

QUARTERLY ADMINISTRATIVE SURCHARGE REPORT

FORM Z

Please make copies for your future quarterly payments or you may access this form at www.insurance.mo.gov under Industry/Forms/Tax Forms. **Check corresponding reporting period:**

March 1, 2019 June 1, 2019 September 1, 2019 December 1, 2019

COMPANY NAME	DEPARTMENT OF REVENUE USE ONLY	M M D D Y Y Y Y
COMPANY ADDRESS		
NAIC NUMBER (9 DIGITS)		

Pursuant to sections 287.310.9 and 287.717 workers' compensation policies with deductible options shall have a surcharge placed upon the policyholder of such policy on the deductible credit portion of the policy. **NOTE: The deductible credit portion of the policy is the "difference" between the premium that would be generated for a standard, guaranteed cost policy where no deductible option is offered and the premium that is actually generated when the deductible credit is applied to the policy.** The insurance company writing the workers' compensation policy with the deductible option shall collect the surcharge from the policyholder at the time of premium collection and shall remit the surcharge amount to the Department of Revenue. The insurer shall estimate the annual surcharge due for the current year and shall remit 25% of the annual amount to the Department of Revenue on March 1, June 1, September 1 and December 1 of the current year. Upon completion of the annual Administrative Surcharge on Page 5 of the Premium Tax Return (due March 1 of the following year), any unpaid balance of the Administrative Surcharge will be invoiced to your company. Your company will receive a Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment around the first of May. Payment will need to be submitted by June 1, 2019, to the Missouri Department of Revenue along with a copy of the notice. Any overpayment of Administrative Surcharge shall be credited against future Administrative Surcharge amounts due.

DO NOT RETURN FORM IF NO PAYMENT IS DUE

1. Report the annual estimated Administrative Surcharge due for 2019 (2019 Work Comp Rate is 1%) \$

2. Remit 25% of the above amount to the Department of Revenue with a copy of this form. = \$ _____

If paying after the due date, please add:

3. Interest on late payment of 1½% per month or fraction of a month x line 2. + \$ _____

4. Add lines 2 and 3 = **Total Quarterly Administrative Surcharge Due with Interest on Late Payment** = \$

Please remit this form with payment to:

Missouri Department of Revenue
 P.O. Box 898
 Jefferson City, MO 65105-0898
 (573) 751-2326

Questions may be addressed to:

Missouri Department of Insurance,
 Financial Institutions and Professional Registration
 P.O. Box 690
 Jefferson City, MO 65102-0690
 (573) 526-4986 or (573) 751-1929

Make check or money order payable to "Missouri Department of Revenue". If you pay by check, you authorize the Missouri Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.