

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE QUARTERLY ADMINISTRATIVE SURCHARGE REPORT

FORM Z

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Please make copies Check correspond			ay access this form a	at www.insurance.mo.gov	under Companies/Forms/Tax.	
☐ March 1, 2026	☐ June 1, 2026	☐ September 1, 2026	December 1, 20	126		
COMPANY NAME		Geptember 1, 2020	December 1, 20	DEPARTMENT OF REVENUE USE ONLY	M M D D Y Y Y Y	
COMPANY ADDRESS						
NAIC NUMBER (9 DIGIT	TS)					
the policyholder of "difference" betweet is offered and the writing the workers collection and shall current year and slot the current year following year), and of Workers' Competition of June 1, 2026, to	such policy on the reen the premium that is a compensation policy of the compensation policy unpaid balance of the Missouri Dep	e deductible credit portion that would be generated actually generated when icy with the deductible opt be amount to the Department are annual amount to the D of the annual Administration of the Administrative Surch- tive Surcharge Balance De	of the policy. NOTE d for a standard, g the deductible creation shall collect the sent of Revenue. The repartment of Revenue Surcharge on Parage will be invoiced ue/Overpayment around with a copy of the ents due.	E: The deductible credit puaranteed cost policy was dit is applied to the policy insurer shall estimate the ue on March 1, June 1, Sage 5 of the Premium Tax I to your company. Your cound the first of May. Paymotice. Any overpayment	portion of the policy is the where no deductible option icy. The insurance company holder at the time of premium annual surcharge due for the deptember 1 and December 1 are Return (due March 1 of the company will receive a Notice ment will need to be submitted to f Administrative Surcharge	
	ual estimated Adm omp Rate is 1½%)	inistrative Surcharge due	for 2026		\$	
2. Remit 25% of the above amount to the Department of Revenue with a copy of the				his 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 Commerce and Insurance P.O. Box 690 Jefferson City, MO 65102-0690 (573) 526-4986 or (573) 751-1929		
		-			you authorize the Missouri ented again electronically.	