A.I.M. *Mutual Insurance Companies*

P.O. Box 4070, Burlington, MA 01803-0970 • (781) 221-1600 / (800) 876-2765 / Audit Fax: (781) 270-8703

Policyholder Self Audit Report

Policy No	Policy Period From	Policy Period To

Please enclose applicable copies of IRS 941 forms or MA Quarterly forms closest to the Policy Period from

Please provide a detailed description of your business operations (e.g. work performed; product manufactured; services provided): _____

_____

_____

_____

_____

Please check type of Entity:

___ Individual ___ Partnership ___ Corporation ___ Subchapter S ___ LLC ___ LLP ___ Trust

Please provide Names of Executives Officers, Owner, Partners or Members	Title	Job Description/Duties	Gross Payroll

If additional space is needed please continue on another sheet or submit Payroll Summary.

Please provide Names Of All Employees	Job Description/Duties	Gross Payroll	Gross Overtime*	Gross Tips

Gross Payroll means total earnings before any deductions for FICA or other withholdings are made. This would include payment made for Wages, Salaries, Commissions, Bonuses, Overtime, Vacation, Holiday or Sick Pay, values established for Board, Lodging or Merchandise, Payment for Piece Work, Shift Differential or under other incentive, Profit Sharing or Deferred Tax Plans.

*List Overtime and circle one: 1½ or 2.

Continued on 2nd page.

	Please list locations:	Number Of Shifts	Employees @ 2PM
1.			
2.			
3.			
4.			

CASH LABOR, CONTRACT LABOR AND SUBCONTRACTOR INFORMATION

Subcontractor Name	Duties Performed	Amount Paid	Includes Labor	Includes Materials	Employees
			O	O	O
			O	O	O
			O	O	O
			O	O	O
			O	O	O
			O	O	O
			O	O	O
			O	O	O
			O	O	O
			O	O	O

Thank you for taking the time to complete this report. Please fill in the information below and return your report in the enclosed return envelope. If you have questions or additional concerns, please call our office at 1-800-876-2765. Ext. 8856 or Ext. 8803. This form may be faxed to (781) 270-8703 or (781) 270-8857.

Please complete this self-audit report within twenty days. Failure to complete this report will result in our issuance of an unfavorable estimated audit billing and also initiate cancellation of your current policy.

( )

Signature of Preparer Date Phone Number