

TDIC Workers' Compensation Payroll Reporting Form and Checklist

The Dentists Insurance Company
1201 K Street, 14th Floor, Sacramento, CA 95814



Named Insured: Sunny City Dental
Organization Type: Corporation - Private
Audited Policy Term: 08/12/2021 to 08/12/2022

Print date: August 29, 2022
Policy Number: 005xxx

If more space is needed than provided for any of the questions below, please attach a separate page.

1. List any changes to your practice that happened during the audited policy period, such as practice location changes, changes in any services provided, ownership structure changes, officer becoming inactive/retired, etc.

2. List out all officers, their duties, payroll for the policy period, and ownership percentage they hold in your company. If officers are inactive, please note this under Duties. If your company is a sole proprietorship and you have relatives that reside with you whom you wish to exclude, please provide their information below.

Name/Title/Relationship	Residing with the Insured? (Y/N)	Duties	Payroll	Ownership Percentage

3. Did you use any independent contractors or anyone other than an employee to perform work in your practice? This would include associate doctors, specialists, relatives, temporary workers, individuals paid for a working interview, individuals paid by the day, individuals paid cash and 1099 Misc. workers.

☐ Yes ☐ No **If yes, please see the Payroll Reporting Checklist for additional instruction.**

4. Provide both payroll reports and DE9C's for the policy period for all covered entities along with this questionnaire. This would include all the additional named insureds listed below. Please also provide the addresses and approximate payroll issued by each individual covered entity for the policy term.

Covered Entity Names	Location Address	Approximate Gross Payroll
Sunny City DDS, Inc		

5. Did you have any of the following types of excludable compensation? Backup documentation is required for deduction.

☐ Excess Overtime ☐ Employee contributions to Caf-125 plan ☐ Severance pay

If other, that was not noted above, please explain and provide backup documentation:

6. Do any of the following apply to workers in your practice during the audited policy term? Mark Any that apply.

☐ Out of state workers ☐ Volunteers or unpaid student interns ☐ Domestic workers

7. We may require additional documentation or have questions audit related questions. Please provide contact information.

Contact Name/Title:

Phone:

E-mail:

Signature: X _____ **Date:** _____

(Must include signature of owner, co-partner, corporate officer, bookkeeper, or accountant for processing.)

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Check off the items below and submit with your Signed Payroll Reporting Form:

- ☐ Payroll Reporting Form, must be completed, signed, and dated.
- ☐ A Payroll Report from your payroll software showing summarized payroll data. This report should be run by the check/payment dates that cover the entire audited policy term date range.
 - If payroll is calculated manually, please provide copies of your source payroll records, such as manual payroll journal, ledger, or timecards that showed all gross paid earnings during the entire audited term.
 - Payroll reports should include: (1) a subtotal/breakdown for each employee, (2) total earnings, (3) total overtime paid (if applicable), (4) withholdings and (5) deductions.
 - Note that payroll reports are needed to validate all deductions such as excess overtime, excluded officer earnings and severance pay.
- ☐ Copies of all DE9Cs (Quarterly Contribution Return and Report of Wages) for the last four quarters of the audited term. The Full DE9Cs are required. If you provide only the DE9 cover pages, your audit will be incomplete.
 - DE9Cs are payroll tax forms that a business with employees must submit to the state of California every quarter. They name each individual employee and their wages for the specific quarter. They can be obtained from the EDD. For more information visit edd.ca.gov.

Important! - Please redact any sensitive personal information, such as social security numbers, from all documents submitted for a payroll audit.

If you paid independent contractors, please also include the following with your submission:

Note that contracted worker refers to individuals who were not issued a W-2 as an employee, including; associate doctors, specialists, relatives, temporary workers, individuals paid for a working interview, individuals paid by the day, individuals paid cash and 1099 Misc. workers.

- ☐ A contractor earnings report of all payments made to all contracted workers paid during the audited policy period. The report should include the workers' names, duties, and amount paid for the policy period. If your payroll report already provides all 1099 payments, then a separate contractor earnings report will not be required.
- ☐ Proof of workers' compensation coverage for **all** contracted workers. Proof of coverage **is not needed** for rents paid, supply vendors, or outside lab fees. (Inside lab technicians would need to have proof of coverage provided if not listed on the payroll as W-2 employees.)
- ☐ **If no proof of workers' compensation coverage** can be provided for the contracted workers, you may complete an independent contractor questionnaire so that we can review the working relationship you have with the individual in order to determine either employee or independent contractor classification for workers compensation coverage purposes. **Other coverages are not interchangeable with Workers' Compensation coverage.**

Independent Contractor forms are available by emailing a request to WCAudits@tdicins.com. Please be advised that TDIC's determination of independent contractor/employee status is solely for purposes of determining the basis for your premium and shall not be construed as legal advice regarding the proper classification for other purposes or under other laws.

If you have questions, or need additional information, please see the Workers' Compensation Premium Audit Q&A page at www.tdicinsurance.com or contact your agent TDIC Insurance Solutions, by phone at 800.733.0633.