



-OFFICE USE ONLY-

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WORKERS' COMPENSATION MULTIPLE INJURY TRUST FUND (MITF) ASSESSMENT REPORT

USE FOR ASSESSMENT PERIOD 7-1-15 THRU 6-30-16
(INDIVIDUAL SELF-INSURED EMPLOYERS)

for quarter ending _____

Amended Report: Place an "X" in this box if this is an amended WC-10-A:

Remit the MITF assessment, together with this report, to the Oklahoma Tax Commission for this calendar quarter by the 15th day of the following month. Failure to timely remit, or to notify the Workers' Compensation Commission of the payment within 10 days thereof, may result in administrative penalties, including but not limited to, a fine payable to the Commission equal to the greater of \$500.00 or 1% of the unpaid amount.

Federal Employer Identification Number _____

Name of Self-Insured Employer _____

Own Risk Permit Number _____

Street Address _____

City, State and Zip _____

Email Address of Contact Person _____

1. Actual paid losses (Excluding loss adjustment expenses and reserves) this quarter.....

2. Multiple Injury Trust Fund assessment (6% of line 1).....

The undersigned hereby certifies, **under penalty of perjury**, that he/she executed this report of his/her free and voluntary will and as the duly authorized representative of the taxpayer named above, that the information and amounts herein contained reflect a true, accurate and complete statement.

Signed _____
Name of Self-Insured Employer

By _____
Name, Title and Phone Number

Mail your report and remittance to:

**Oklahoma Tax Commission
Account Maintenance Division
Special Taxes
2501 North Lincoln Blvd
Oklahoma City, OK 73194-0004**

Send notice of remittance within 10 days thereof to:

**Workers' Compensation Commission
1915 N. Stiles Avenue, Room 231
Oklahoma City, OK 73105-4908**

For additional information, see page 2.
If you have questions, please call (405) 521-3145.

MULTIPLE INJURY TRUST FUND ASSESSMENT

Insurance carriers writing workers' compensation insurance in Oklahoma, and self-insured employers, including group self-insurance associations, shall pay quarterly to the Oklahoma Tax Commission an assessment for the Multiple Injury Trust Fund in an amount not exceeding six percent (6%) of gross direct written premium (for workers' compensation insurers), normal premium (for group self-insurance associations), and actual paid losses (for individual self-insured employers). The assessment rate is determined annually by the Workers' Compensation Commission pursuant to a statutory formula. Notice of the rate is provided to payors by May 1 of each year. The rate is for the four-quarter assessment period of July 1 to June 30. Uninsured employers (those who do not secure their workers' compensation obligations) are assessed five percent (5%) of their total compensation paid for permanent disability and death awards.

Assessments are due on the 15th day of the month following the end of the calendar quarter and are based on the payor's premium or losses, as applicable, during the quarter. Failure to make assessment payments, or to timely notify that payment was made, may result in administrative penalties, including but not limited to, the greater of \$500 or 1% of the unpaid amount. Notice of each payment must be given to the Oklahoma Insurance Commissioner if the payor is an insurance carrier, or to the Workers' Compensation Commission if the payor is an individual or group self-insurer.