

STATE OF NEVADA
Department of Business and Industry
Division of Industrial Relations

Summary of Claims Expenditures
Workers' Compensation Claims Expenditures
July 1, 2023 through December 31, 2023

(1) *Employer: _____

(2) Has this employer been decertified?

() YES

() NO

Claims Expenditure Information:

(Please round all amounts to the nearest dollar)	Non-Mining:	Mining:	Total:
	(3)	(4)	(5)
July 1, 2023 through December 31, 2023 (For injuries on or after 7/1/99)	\$ _____	\$ _____	\$ _____

(6) Does this report include all entities covered under the Certificate of Authority for the employer listed above?

() YES

() NO

(7) Employer's Federal Tax I.D. Number: _____

(8) Nevada Certificate of Authority Number: _____

Please complete and return this form
No later than **February 28th, 2024** to:

Division of Industrial Relations
1830 College Pkwy, Suite 100
Carson City, NV 89706
Attn: WCS Safety Assessment

Or at e-mail address
WCAssessment@business.nv.gov

Compiled and approved on behalf of the above
Employer by:

Insurer or Third-Party Administrator

Signature Date

Name (Please type or print) Phone #

Address (For all assessment correspondence)

City, State, ZIP

Email (For all assessment correspondence)

*Please see instructions