

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

**Summary of Claims Expenditures**  
**Workers' Compensation Claims Expenditures**  
**January 01, 2023 through June 30, 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)      |
| January 01, 2023 through<br>June 30, 2023 <b>(For<br/>injuries on or after 7/1/99)</b> | \$ _____    | \$ _____ | \$ _____ |

(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 **August 30th, 2023** 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](mailto: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 questions regarding this summary)

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email (For questions regarding this summary)