

Policy No:  
Policy Period: to  
Audit Period: to



A FAIRFAX Company

Provide a brief description of operations

Contact Information

Contact:  
Title:  
Address:  
City: State: Zip code:  
Phone: Mobile: Fax:  
Email:

**Section A - Officer, Partners, Member, Owner Payrolls**

Name	Class Code	Title	Stock %	Duties	Gross Payroll	

**Section B - All other employees (Do Not Include Anyone Listed in Section A)**

Class Code	Description	Job Duties	Gross Payroll	# of Emp	

Total Payroll (Sum of A & B)

Do you have adjustments to payroll (tips/overtime/housing)?

**Section C - Payroll Verification**

EIN/FED Number

**Section D - Remuneration other than payroll**

Additions to payroll (Contract Labor/1099's)

I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all of the employees covered under the above policy for the period stated

DATE	PRINT NAME	TITLE
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**For your convenience, the form saves automatically as you enter information. Once you've finished, close the window by clicking the "X" in the upper-right corner. Then go to the "Attachments" tab to upload your documents. After the upload is complete, open the "Complete" tab and select "Finish."**

If not completing the form online, please return the completed form to [audit@thezenith.com](mailto:audit@thezenith.com)