

**ARKANSAS WORKERS' COMPENSATION COMMISSION**



ADMINISTRATIVE SERVICES  
 P.O. BOX 950  
 324 SPRING STREET  
 LITTLE ROCK, AR 72203-0950  
 www.awcc.state.ar.us

**DUE MARCH 1, 2026**

\_\_\_ ORIGINAL FILING

\_\_\_ AMENDED FILING

**2025 PREMIUM TAX WORKSHEET  
 REPORTING PERIOD: JANUARY 1 - DECEMBER 31, 2025**

STATE OF DOMICILE		NAIC GROUP CODE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME					
MAILING ADDRESS					
CONTACT PERSON					
TELEPHONE NUMBER		EXT:		FAX NUMBER	
EMAIL ADDRESS					

**THIS SCHEDULE IS SUBJECT TO AUDIT VERIFICATION**

**\* DEFINITION\***

"Written manual premium" shall mean premium produced in given year by the manual rates in effect during the experience period and shall exclude the premium produced by the expense constant. Further, "written manual premium" means premium before any allowable deviated discounts, any experience rating modification, any premium discount, any reinsurance or any deductible arrangement as common with fronting carriers, any dividend consideration or other trade discount (Ark. Code Ann. 11-9-303 (b)). The tax is to be computed from premiums that would have been produced by the manual rate even if much less or no premium was collected. This includes all written manual premium produced as a result of carrier policy audits.

**ARKANSAS TAX**

- 1. WC WRITTEN MANUAL PREMIUM FOR 2025  
 (AS DEFINED ABOVE\*) \$ \_\_\_\_\_
  
- 2. WORKER'S COMPENSATION FUND TAX OF 1.75%  
 (MULTIPLY PREMIUM ON LINE 1 BY 1.75%) \$ \_\_\_\_\_
  
- 3. DEATH & PERMANENT DISABILITY TRUST FUND TAX OF 1.25%  
 (MULTIPLY PREMIUM ON LINE 1 BY 1.25%) \$ \_\_\_\_\_
  
- 4. TOTAL OF ALL TAXES DUE (LINE 2 + 3) CANNOT BE LESS THAN  
**ZERO** \$ \_\_\_\_\_

**DIRECT WRITTEN PREMIUMS FOR 2025 (PAGE 20, LINE 16 ANNUAL STATEMENT WHICH IS REPORTED TO THE ARKANSAS INSURANCE DEPARTMENT) \$ \_\_\_\_\_ THIS AMOUNT IS NOT THE BASIS FOR WC PREMIUM TAX.**

**ATTACH ONE CHECK MADE PAYABLE TO THE ARKANSAS WORKERS' COMPENSATION COMMISSION FOR THE TAXES DUE.**

CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
 COMES \_\_\_\_\_ AND STATES ON OATH THAT HE/SHE IS THE

(TITLE)

OF \_\_\_\_\_

(NAME OF COMPANY)

AND THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AS SHOWN BY THE RECORDS OF SAID COMPANY.

\_\_\_\_\_  
 (ORIGINAL SIGNATURE OF OFFICER)

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THIS THE \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY SIGNATURE)

MY COMMISSION EXPIRES \_\_\_\_\_