

PAYROLL VERIFICATION AUDIT DISPUTE FORM

To dispute the payroll verification audit of your policy, please complete this form and attach all relevant supporting documentation. Please use additional pages for comments if needed. We will review the documentation you provide and make a determination within 30 days of the date received.

Business Name: _____

Audit Contact Name: _____

Phone: _____
Business Phone
Cell Phone

Email Address: _____

Reason(s) for the dispute:

The documentation I have included to support the dispute:

- | | |
|--|---|
| <input type="checkbox"/> Certificate(s) of Exemption | <input type="checkbox"/> RT-6 |
| <input type="checkbox"/> Certificate(s) of Insurance for Workers' Compensation | <input type="checkbox"/> 1099 |
| <input type="checkbox"/> Payroll Journal | <input type="checkbox"/> P&L or General Ledger |
| | <input type="checkbox"/> Receipts for materials |

I authorize the audit contact named above to discuss all aspects of my company's audit and dispute with FUBA Workers' Comp.

 Officer Name Officer Title

 Officer Signature Date

Please submit this form with all supporting documentation to our Audit Department at fubawc@fubaworks.com or fax to 888-871-7474.

Por favor, póngase en contacto con nuestra oficina al 888-262-4483 y pida un intérprete de español para asistencia completando el formulario.