

**DIOCESE OF LA CROSSE
WORKERS' COMPENSATION INSURANCE - AUDIT QUESTIONNAIRE**

For the 12-month period ending December 31, 2014

Parish/School Name _____ Date: _____
 City _____
 Parish # _____ FEIN: _____

Purpose: To assure adequate future coverage and property premium charges based upon actual payroll experience for the year 2014.
Please note: Salaries reported are by position; only report total payroll for calendar year 2014.

PLEASE INDICATE OTHER PARISH/LOCATIONS THAT ARE INCLUDED IN YOUR PAYROLL

Parish/Location names: _____

****REPORT PAYROLL FOR ALL EMPLOYEES BELOW****

CLASSIFICATION	CLASS CODE (Insurer's Use)	PAYROLL	NO. OF PAID EMPLOYEES
Permanent Religious (Priests, Brothers, & Sisters) -			
Do not include Religious Order Priests, Brothers, Sisters			
Paid under \$12,000	8868	N/A	_____
*If shared, indicate payroll amount at your location		_____	_____
Paid over \$12,000	8868	\$ _____	_____
Church &/or School: Professional Employees and Clerical, such as:			
Substitute Clergy, Deacons, Administrators/Managers, Teachers (including Substitutes), Coaches, Music Directors, Organists, Rel. Education, Youth Ministry, Sacristans, Bookkeepers, etc.	8868	\$ _____	_____
Church &/or School: Non-Professional Employees, such as:			
Maintenance, Janitorial, Cleaning Personnel, Groundskeepers, Cafeteria Workers, Lunch Room Monitors, etc.	9101	\$ _____	_____
Cemetery Workers: Employees working on cemetery grounds	9220	\$ _____	_____
Clerical Office Employees NOC (other than church or school), such as: Cemetery, Catholic Charities, and St. Vincent de Paul operations	8810	\$ _____	_____
Domestic Workers: Full Time (over 20 hrs/week) Rectory Housekeeper*	0913	\$ N/A	_____
Domestic Workers: Part Time Rectory Housekeeper* *If housekeepers serve more than one location, please report for main parish only .	0908	\$ N/A	_____
Other Types of Employees Not Shown Above (specify type of work):		\$ _____	_____
		\$ _____	_____

Total number of Employees (including shared & non-shared): _____

Name of Person Preparing Report: _____ Telephone: _____ Date: _____
 Email address: _____