

Today's date:

10/04/19

*Account number: (requires 7 digits)

0123456

Note: If your account number appears as 6 digits, preface with 0.

*Policy number: (requires 6 digits)

0 7 - 123456

*Policy period start: (mm/dd/yyyy)

Jan 1 2018

*Policy period end: (mm/dd/yyyy)

Jan 1 2019

*Insured name:

Main Street Church

*Street Address of organization:

111 Main Street

*City:

Anytown

*State:

Wisconsin

*ZIP:

12345-1234

*Contact person:

Mary Jones

*Title:

Secretary

*Daytime phone: (#####)

1234567890

Ext: 1

Enter only numbers

*Email:

mary@email.com

Website:

www.website.com

Have questions? View a Sample Audit.

All fields required.

#	(W-2 holder) Name of employee 1099 contractor or uninsured contractor	Job title	Gross payroll for audit period	# of weeks worked	Rent-free living quarters or housing allowance (Enter text or dollar amount)	Meals (Camps) (Enter text or dollar amount)
1	John Smith	Pastor	25000 +	52	Yes	0
2	Jane Doe	Worship Leader	5000 +	26	Included	0
3	Tim Johnson	Janitor	12500 +	52	0	\$100
4	Jack Jones	Nursery	500 +	12	0	0
			\$43,000.00	142	\$0.00	\$100.00

Add Employee

*YES, I hereby certify that the information provided is a true statement of gross earnings paid to all employees for the audit period.

*Is this audit complete?

Yes No

If No, explain what additional information you plan to provide:

If you have any additional comments you can place them here.