



SECTION I.

SOUTH CAROLINA SELF-INSURANCE TAX FORM 10

Self-Insured #: _____ Fiscal Year: _____ to _____
Name of Self-Insured: _____ # of Employees: _____
Federal Employer ID #: _____

Attach a list of all current subsidiaries and their federal employer identification numbers covered by this Self-Insured program.

****DEADLINE FOR FILING IS THE 15th DAY OF THE 3rd MONTH FOLLOWING THE CLOSE OF THE SELF-INSURED'S FISCAL YEAR****

SECTION II.

A. Total Medical Expenses Paid _____
B. Total Compensation Claims Paid _____
C. **TOTAL MEDICAL AND COMPENSATION (A + B)** _____
D. Expenses
 I. Surety _____
 II. Excess _____
 III. Admin/Other _____
 IV. Legal _____
E. **TOTAL EXPENSES (I+II+III+IV)** _____
F. Second Injury Recoveries _____
G. Other Third-Party Recoveries _____
H. **TOTAL RECOVERIES (F+G)** _____
I. **TOTAL COST OF SELF-INSURANCE (C+E-H)** _____
J. **TAX (2.5% X LINE I)** _____

SECTION III.

I certify and attest under penalty of perjury under South Carolina laws, that I have thoroughly reviewed the information above and know its content to be true, accurate and complete.

Print Name & Title

Date

Signature

MAKE CHECKS PAYABLE TO SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Complete and Return To:

South Carolina Workers' Compensation Commission
Director, Self-Insurance
PO Box 1715
Columbia, SC 29202-1715

SECTION I

- Complete all requested information. If not applicable, insert N/A in the blank. Be sure to furnish all subsidiaries covered by your self-insurance program and their federal employer identification numbers' each time you submit a Form 10.
- The Commission uses the self-insured tax mailing address for all self-insurance related correspondence. *Please be advised that the address, point of contact and/or phone number may only be updated by the Self-Insured, not a third party. Please notify the Commission of any changes as soon as possible, to ensure that correspondence is not returned to the Commission.*

SECTION II

- A. Include all medical expenses paid during the taxable year, disregarding the date of the accident and/or the date of the claim.
- B. Include all compensation claims paid during the taxable year, disregarding the date of the accident and/or the date of the claim.
- C. Lines A and B will calculate automatically. *
- D. Enter total expenses, including the cost of the letter of credit or surety bond, excess insurance, administration (including clerical, office space, telephone expenses, other, etc.), Third-Party Administrator costs and legal costs. If self-insurance operations are combined with other operations, pro-rate the expenses. If expenses are estimated, specify which costs are estimated and the method used.
- E. Lines I, II, III, IV will calculate automatically. *
- F. Enter Second Injury Recoveries.
- G. Enter Third-Party Recoveries.
- H. Lines F and G will calculate automatically. *
- I. Lines C, E and H will calculate automatically. *
- J. Line I will calculate automatically by 2.5%. *

***Lines automatically calculate with the PDF version of the Form 10 on our website.**

SECTION III

- The Form 10 must be signed by an authorized representative of the company. We will allow electronic signatures.
- Forward payment, in the amount of line J, along with the original Form 10 to the address at the bottom of page 1. Checks should be made payable to the South Carolina Workers' Compensation Commission.
- The Form 10 must be postmarked no later than the 15th day of the 3rd month following the close of the Self-Insured's fiscal year. Failure to file by this date will result in penalties and interest as provided in Section 42-5-190, and possible revocation of self-insurance privileges.
- We must have the signed Form 10 and payment in the office before the 15th day of the 3rd month following the close of the self-insured's Fiscal Year. If you send the Form 10 by email, please note that if payment has not been delivered to the Commission by the due date of the Form 10, then penalties and interest will start accruing.

EXTENSION REQUESTS: In accordance with R.67-1514 (C), to be granted an extension of time to file the Form 10, you must provide the Commission with an estimated tax amount due on your Form 10 and submit payment of your estimated tax amount due before the request for an extension will be considered. If you are unable to provide the required documents and payment, the request for an extension will be denied and you will be responsible for filing the Form 10 on its original due date. Penalties and interest will be assessed if the Form 10 is not submitted by the original required due date.