KENTUCKY WORKERS' COMPENSATION
SEVERED COAL
QUARTERLY
ASSESSMENT REPORT
(KRS 342.122)

Name of Company

Address (Number, Street, Post Office Box)  ☐ New Address
City  State  Zip Code

Report for  Quarter  Year

* Federal Employer's ID Number  Coal Tax Account No.

Contact Person (Person Preparing Report)  ☐ Contact Change
Name:
Title:
Phone Number: (  )  -
Email Address:

Please Check One of the Choices Below:

* Workers' Compensation Coverage provided by:  ☐ Self Insured  or  ☐ Insurance Company

* Mandatory Field for Proper Credit

* Insurance Company Name: ____________________________

Please complete report in accordance with instructions on reverse side. Report, payment, and copies of the Coal Tax Returns must be received in the office of the Funding Commission, or postmarked by the United States Postal Service no later than 30 days following the end of the calendar quarter reporting period. Related companies – A separate Severed Coal Assessment Report and check must be submitted for each company that has its own individual Coal Tax Account Number. Make check payable to and mail report and check to:

Kentucky Workers' Compensation Funding Commission
#42 Mill Creek Park, P.O. Box 1128, Frankfort, Kentucky 40602-1128

KENTUCKY COAL WORKERS’ PNEUMOCONIOSIS FUND ASSESSMENT

Enter Total Number of Tons Severed during Calendar Quarter Reporting Period
(See Instructions Below)

| (1) Tons Severed in ____________ | (1) |
| (2) Tons Severed in ____________ | (2) |
| (3) Tons Severed in ____________ | (3) |
| (4) Total Tons Severed during Quarter Reporting Period [Add Lines (1) through (3)] | (4) |
| (5) Coal Workers’ Pneumoconiosis Assessment Rate (Enter Correct Rate) | (5) | X .____ |
| (6) Quarterly Coal Workers’ Pneumoconiosis Assessment Due [Multiply Line (4) by Line (5)] (See Payment Info Below) | (6) |

IMPORTANT PAYMENT INFORMATION: In order to properly credit your account, each reporting entity MUST submit a separate check per individual quarterly filing equal to the amount computed on line 6 above.

The undersigned certifies that this return has been examined and is, to the best of the undersigned’s knowledge and belief, a true, correct and complete report made in good faith.

President or Other Authorized Representative  Title  Date