

NYSIF PAYROLL REPORTING

Workers' Comp Payroll Reporting

Most policies are audited by a NYSIF auditor. In certain cases, a policyholder may submit an underwriting payroll verification instead of an actual audit. A policyholder who receives a payroll verification notification letter should be sure to follow the instructions on the letter to access the form and complete and return it to NYSIF within 30 days.

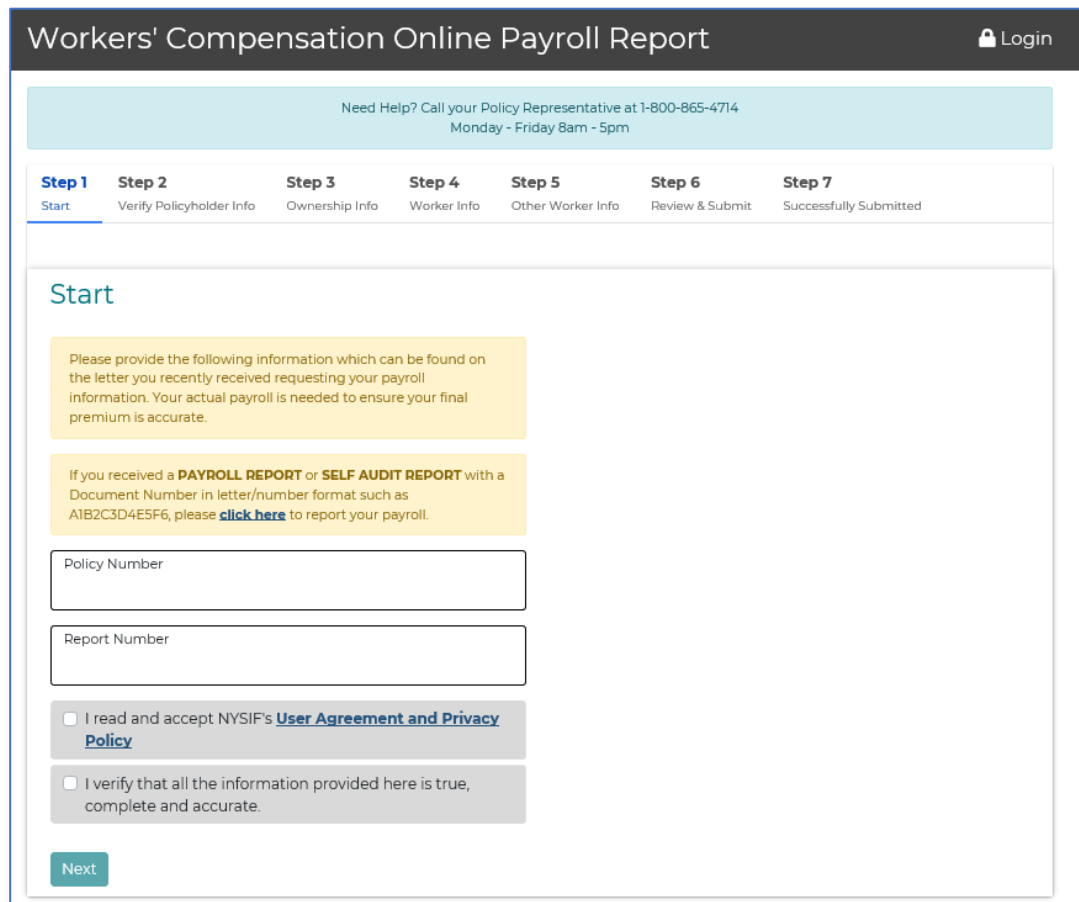
NYSIF reserves the right to perform an actual audit to verify the data submitted by the employer.

Eligible policyholders can submit a payroll report online at <https://www.nysif.com/wcpayroll/>. Follow the instructions below. If you are unable to verify your payroll online, you may obtain a paper form at [nysif.com/verifyprint](https://www.nysif.com/verifyprint).

To submit a Payroll Report or Self-Audit Report with a Document Number in letter/number format such as A1B2C3D4E5F6, please email the fully completed form to your policy rep or mail it to NYSIF; PO Box 66699; Albany, NY 12206

STEP 1. Enter the policy number and the report number from your paper payroll report.

Click **NEXT**.



The screenshot shows the 'Workers' Compensation Online Payroll Report' web form. At the top right is a 'Login' button. Below it is a light blue banner with the text: 'Need Help? Call your Policy Representative at 1-800-865-4714 Monday - Friday 8am - 5pm'. A progress bar below the banner shows seven steps: Step 1 (Start), Step 2 (Verify Policyholder Info), Step 3 (Ownership Info), Step 4 (Worker Info), Step 5 (Other Worker Info), Step 6 (Review & Submit), and Step 7 (Successfully Submitted). The 'Start' step is active. The main content area has a heading 'Start' and two yellow informational boxes. The first box says: 'Please provide the following information which can be found on the letter you recently received requesting your payroll information. Your actual payroll is needed to ensure your final premium is accurate.' The second box says: 'If you received a **PAYROLL REPORT** or **SELF AUDIT REPORT** with a Document Number in letter/number format such as A1B2C3D4E5F6, please [click here](#) to report your payroll.' Below these are two input fields: 'Policy Number' and 'Report Number'. At the bottom, there are two checkboxes: 'I read and accept NYSIF's [User Agreement and Privacy Policy](#)' and 'I verify that all the information provided here is true, complete and accurate.' A 'Next' button is located at the bottom left of the form area.

STEP 2. Confirm (or edit, if necessary) your business information. Click NEXT.

Policy Number 00112233 Report Number 99999999 Report Period 12/27/2018 - 12/27/2019

Verify Policyholder Information

Policyholder Name
NYSIF WIDGET SELLERS

Address Line 1
123 MAIN STREET

Address Line 2

City ANYTOWN State NY Zip Code 00001

Phone
222-555-1212

Email
TESTINGWIDGETS@NYSIF.COM

Legal Business Structure
CORPORATION

Business Description
8810 - CLERICAL OFFICE EMPLOYEES

Federal Employer Identification Number (FEIN)
00-1112223

Edit Confirm

Previous Next

STEP 3. Enter Ownership information. Click NEXT.

Owner/Officer/Member/Partners Information

Enter Owner/Officer/Member/Partners gross wages below (if none, enter 0). We need this information to properly adjust and process the payroll for the individuals listed below.

Name	Title	Work Type Description	Total Gross Wages for the Period	Actions
Ranji	Developer	8810 - Clerical Office Employees	\$130,00	Edit Delete
<input type="text" value="John"/>	<input type="text" value="Owner"/>	9060 - Clubs: Golf, Fishing or Yacht ▲	<input type="text" value="\$200,00"/>	Save Delete

Add Owner/Officer/Member/Partner(s) if Applicable

Previous Next

STEP 4. Enter Worker Information. (Depending on your Class Code, this screen could display slightly differently.) **Click NEXT.**

Worker Information

Enter below the total gross wages (**all employees including Owner/Officer/Member/Partners**) by work type.

If your policy covers multiple businesses (covered entities), please provide the total gross payroll for all businesses below.

Work Type Description	# of Employees	Total Gross Wages for the Period	Overtime Included in Total Gross Wages	Actions
8810 - Clerical Office Employees (No...	66	\$66	\$666	 Edit
9060 - Clubs: Golf, Fishing or Yacht ▾	<input type="text" value="4"/>	<input type="text" value="\$44"/>	<input type="text" value="\$444"/>	 Save  Delete

Entering the Amount of **Overtime included in Total Gross Wages** enables us to lower your premium by reducing gross wages to account for overtime

[+ Add Additional Work Type if Applicable](#)

STEP 5. Enter any additional wage information, if applicable. Click NEXT.

Other Wage Information

Did you issue 1099's to individuals who performed work for you?

Yes No

Please enter total 1099 payments
\$1,000

1099 Employee Payments include payments to individuals who work primarily for you and are not paid through your regular payroll process.

Did you use casual labor for the report period?

Yes No

Please enter total casual labor payments
\$2,000

Casual Labor includes cash or check payments to individuals for short duration work or day labor who are not paid through your regular payroll process.

Did you lease employees to or from other employers for the report period?

Yes No

Employee Leasing occurs when an employer contracts with another firm for some or all of its employees.

Did you employ any unpaid individuals (Relatives, Volunteers, Interns, etc.) for the report period?

Yes No

Unpaid individuals are persons who perform work or services for an employer who receive no compensation.

Did you use any subcontractors for the report period?

Yes No

A subcontractor is a business or person that carries out work for a company as part of a larger job or contract.

Business Revenue Information

Please tell us your total gross revenue.

Gross Revenue: Total gross revenue includes gross sales or gross receipts for the report period.

STEP 6. Review and Submit. Review all information carefully.

Summary

Employer Information

Policyholder Name	NYSIF WIDGET SELLERS	Legal Business Structure	CORPORATION
Policyholder Address	123 MAIN STREET	FEIN	00-1112223
City	ANYTOWN	Business Description	8810 - CLERICAL
State	NEW YORK	Total Gross Revenue	\$150,000
Zip Code	00001		
Phone	222-555-1212		
Email	TESTINGWIDGETS@NYSIF.COM		

Owner/Officer/Member/Partners gross wages

Name	Title	Work Type Description	Total Gross Wages for the Period
Ranji	Developer	8840 - Religious House of Worship: Professional Employees	\$200
John	Owner	9060 - Clubs: Golf, Fishing or Yacht	\$30

Total Gross Wages (all employees including Owner/Officer/Member/Partners) by work type

Work Type Description	Number of Employees	Total Gross Wages for the Period	Overtime Included in Total Gross Wages
8810 - Clerical Office Employees (Not Otherwise Classified)	66	\$6,006	\$666
9060 - Clubs: Golf, Fishing or Yacht	4	\$4,004	\$404

Other Wage Information

Did you have 1099 employees for the period?	Yes
1099 Payments	\$1,000
Did you use casual labor for the period?	Yes
Casual Labor Payments	\$2,000
Did you lease employees to or from other employers?	No
Did you employ any unpaid individuals (Relatives, Volunteers, Interns, etc.)?	No
Did you utilize any subcontractors for the period?	No

Chargeable Payroll Summary

Work Type Description	Total Amount of Gross Wages	Overtime Adj	Owner / Partner / Member / Officer Adj	1099 Payments	Casual Labor Payments	Chargeable Payroll
8810 - CLERICAL OFFICE EMPLOYEES -U	\$6,006	-\$222	\$0	\$0	\$0	\$5,784
9060 - CLUBS-COUNTRY, GOLF, FISHING&CLER-U	\$4,004	-\$135	\$37,670	\$0	\$0	\$41,539
Total Gross Wages	\$10,010					

Complete the "Preparer" information at the bottom of the page. Click **SUBMIT PAYROLL**.

Preparer Information

Preparer's Name

Preparer's Email

Relationship to Insured
Other

Other Description

Prepared Date
7/10/2020

By checking this box, I hereby certify that I am the preparer named above, and to the best of my knowledge all of the information contained in this payroll verification is true and accurate. Further, I acknowledge that willfully falsifying this record constitutes a violation of New York State law.

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Submit Payroll

STEP 7. Confirmation.

Step 1 Start **Step 2** Verify Policyholder Info **Step 3** Ownership Info **Step 4** Worker Info **Step 5** Other Worker Info **Step 6** Review & Submit **Step 7** Successfully Submitted

Successfully Submitted

Thank you for completing and successfully submitting your workers' compensation online payroll verification.

 Save a Copy for Your Records

We would appreciate your feedback, please click below to take a short survey.

Take Survey

Go back to Nysif.com

Report Disability Benefits/PFL Payroll

Choose Report Payroll from the right column menu. Choose the policy period and click "View Report." You will be directed to DocuSign to complete the report.

Examples shown on next page. Enter information for employees working in New York State only.

Payroll Report

Please select an outstanding report date from the list below.

Outstanding Report Dates:

07/01/2016 - 07/01/2017

07/01/2015 - 07/01/2016

07/01/2014 - 07/01/2015

INSTRUCTIONS – example explained below was prepared for 2019 policy period.

PART A: DISABILITY BENEFITS

1. Enter the total number of employees covered on your policy. Covered employees should include all individuals who were on your company's payroll throughout the reporting period.
2. Enter the total wages capped at \$17,680 for all covered employees for the period indicated.*
3. Enter the total wages capped at \$70,569 for all covered employees for the period indicated.*
4. Enter the total gross wages for all covered employees for the period indicated. Gross wages are a total of actual wages for all covered employees (without any cap).
5. If your employees contribute to DB premium (FICA), please check yes.

PART B: PAID FAMILY LEAVE BENEFITS

1. Enter the total number of employees covered on your policy. Covered employees should include all individuals who were on your company's payroll throughout the reporting period.
2. Enter the total wages capped at \$70,569 for all covered employees for the period indicated.*
3. Enter the total gross wages for all covered employees for the period indicated. Gross wages are a total of actual wages for all covered employees (without any cap).

*Calculating Capped Wages

Part A, Question 2: The capped wage for an employee is limited to a maximum of \$17,680 per year. If an employee's annual wage is less than \$17,680, please use the employee's actual wages. If the employee's annual wage is greater than \$17,680, use \$17,680 as their wages. If your policy has enriched disability benefit coverage, multiply \$17,680 by the enrichment factor (1.5, 2, 2.5, 3,4 or 5) for the limited capped wage amount.

Part A, Question 3 and Part B, Question 2: The capped wage for an employee is limited to a maximum of \$70,569 per year. If an employee's annual wage is less than \$70,569, please use the employee's actual wages. If the employee's annual wage is greater than \$70,569, use \$70,569 as their wages.

This cap changes every year in accordance with the NYS Average Weekly Wage. Be sure you are using the correct cap for the policy period being reported.

2021: \$75,408
2020: \$72,860
2019: \$70,569
2018: \$67,907

Policyholder Name: SAMPLE POLICYHOLDER
Policy Number: 7285172851
Reporting Period: 7/1/2018 to 7/1/2019

PART A: DISABILITY BENEFITS

Please complete information for Disability Benefits only

	Males	Females
1. Enter the number of covered employees	_____	_____
2. Enter their wages, capped at \$17,680	_____	_____
3. Enter their wages, capped at \$67,907	_____	_____
4. Enter their gross wages, with no cap	_____	_____
5. Do your employees contribute to premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART B: PAID FAMILY LEAVE BENEFITS

Please complete information for Paid Family Leave only

	Males	Females
1. Enter the number of covered employees	_____	_____
2. Enter their wages, capped at \$67,907	_____	_____
3. Enter their gross wages, with no cap	_____	_____

Reporting Period: 9/22/2019 to 9/22/2020

PART A: DISABILITY BENEFITS

Please complete information for Disability Benefits only

	Male	Female
1. Enter the number of covered employees	<input type="text"/>	<input type="text"/>
2. Enter wages, capped at \$17,680 per employee	<input type="text"/>	<input type="text"/>
3. Enter wages, capped at \$70,569 per employee	<input type="text"/>	<input type="text"/>
4. Enter total gross wages, with no cap	<input type="text"/>	<input type="text"/>
5. Do your employees contribute to premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART B: PAID FAMILY LEAVE BENEFITS

Please complete information for Paid Family Leave only

	Male	Female
1. Enter the number of covered employees	<input type="text"/>	<input type="text"/>
2. Enter wages, capped at \$70,569 per employee	<input type="text"/>	<input type="text"/>
3. Enter total gross wages, with no cap	<input type="text"/>	<input type="text"/>