

# New York State Insurance Fund Premium Audit Document Upload

NYSIF Premium Audit Document Upload: NYSIF is pleased to introduce a new feature on **nysif.com**, enabling workers' compensation policyholders and their representatives to conveniently and securely upload financial records in lieu of an on-premise audit or to resolve an audit issue. The new application securely delivers your audit documents to the appropriate NYSIF auditor.

All you need is a policy number and the audit number or appointment ID to get started. Click [Preparing for Your Audit](#) under the Employer tab at **nysif.com** to begin your upload. If you are logged into your NYSIF online account, you will find a link to the application on your landing page under "Policy."

**Policy**

- [Account Summary](#)
- [Earned Premium Audit](#)
- [Endorsements](#)
- [NYCIRB Rating Data](#)
- [Policy Information](#)
- [Prescription Benefits](#)
- [Report Request](#)
- [Statement of Account](#)
- [Underwriting Inquiry](#)
- [Unit Slot Inquiry](#)
- [Upload Audit Documents](#)

## Audit Document Upload

### Welcome to the Premium Audit Secure Document Upload Site

You may upload up to 30 files to this site. The maximum size per file is 50 MB.  
The maximum size for the entire file upload is 300 MB.  
The following file formats are acceptable: txt, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

Policy Number:

Audit Number or Appointment ID:

Please enter your audit number or the first 7 digits of your appointment ID, found on your audit letter.

I'm not a robot  reCAPTCHA  
Privacy - Terms

You can find your appointment ID or audit number on your audit correspondence from NYSIF.

**NYSIF** New York State Insurance Fund

**BOB CONTRACTING CORP**  
C/O BOB JONES  
100 MAIN STREET  
ANYTOWN, NY 12345

Re: Premium Review for Workers' Compensation  
Audit Period: 11/01/2014-11/01/2015 and any

Policyholder: BOB CONTRACTING CORP  
Additional Entities: BOB CARPENTRY IN  
BUILDING CONSULT

Appointment Date: 03/29/2016  
Appointment ID: 0123456 20160223

Dear Policyholder:

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**NYSIF** New York State Insurance Fund

**BROWN, NYSIF & NYSIF, CPAS**  
C/O MANAGER  
111 MAIN STREET  
NEW YORK, NY 00000

Re: Premium Review for Workers' Compensation  
Audit Period: 06/08/2015 - 06/08/2016

Policyholder: ACME BOX CO  
Additional Entities: BOXES, INC.  
ACME CORRU

Audit Number: 9876543

Dear Policyholder or Representative:

You must complete the captcha test before progressing to the next screen. All fields on this page are required.

Click "Next."

Complete the fields on this page. If additional officers/owners need to be added, please choose "Add another." Click "Next," and you will be directed to the upload screen.

Policy Number:  
12345678

Audit Number:  
987654

\*First Name:

\*Last Name:

\*Title/Relationship to Policyholder:

\*Email Address to Receive Confirmation of Documents Uploaded:

\*Confirm Email Address:

\*Please provide a phone number where we may reach you with any questions.

**I am submitting documents:**

in lieu of a physical audit.

to address an audit-related matter.

Policy number: 12345678  
Audit number: 987654

**1. Description of Business Operations**  
Please provide a brief description of business operations.

**2. Business Type**  
 Sole Proprietor  Partnership/LLC/LLP  Corporation  Other

**3. Owner/Partner/Member/Officer Information**  
Please provide the information below for each owner, partner, member or corporate officer. In the gross payroll field, please enter the amount filed or reported for the specified individual in state or federal tax reporting for the audit period.

Owner/Partner/Member/Officer 1	
Name	<input type="text" value="First name"/> <input type="text" value="Last name"/>
Title	<input type="text"/>
Duties	<input type="text"/>
Gross Payroll	<input type="text"/>
Ownership %	<input type="text"/>
State	<input type="text" value="Select a State"/>

# Audit Document Upload

**Policy number:** 12345678  
**Audit number:** 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

**Add File to Upload**

Select Document Type

Select One

No file selected.

- You may upload a maximum of 30 files
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

Choose the document type you'd like to upload. Browse to the appropriate file location on your computer. Click "Add File."

Please note:

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- The entire file upload must be no larger than 300 MB.
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**Policy number:** 12345678  
**Audit number:** 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

**Add File to Upload**

Select Document Type

Select One

Select One

- 1099 forms for individual employees
- Bills and Invoices (for services, labor and materials)
- Check Book/Day Book with Cash Expenses/Cash Book (Disbursements and Receipts)
- Certificates of Insurance for Subcontractors Used
- Contracts (for services, labor and materials)
- Form 1096-Summary of 1099s
- General Ledger
- Income Tax Returns (1120/S-Corporate; 1065-Partnership; 1040-Schedule C Sole Proprietor; 990-Organization Exempt from Income Tax)
- Payroll Book/Register/Report
- Payroll Tax Returns (941, NYS-45, NYS-45 ATT)
- W2 forms for individual employees
- W3 form - Summary of W2s
- Other

## Audit Document Upload

Policy number: 12345678  
Audit number: 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

**Add File to Upload**

Select Document Type

W2 forms for individual employees

Choose File PAD Test W2.docx Add File

- You may upload a maximum of 30 files
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- The entire file upload must be no larger than 300 MB.
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Repeat for additional documents.

Browse... No file selected. Add File

- You may upload a maximum of 30 files
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

#	File Type	File	Size	Remove
1.	W2 forms for individual employees	PAD Test W2.docx	0.011 MB	

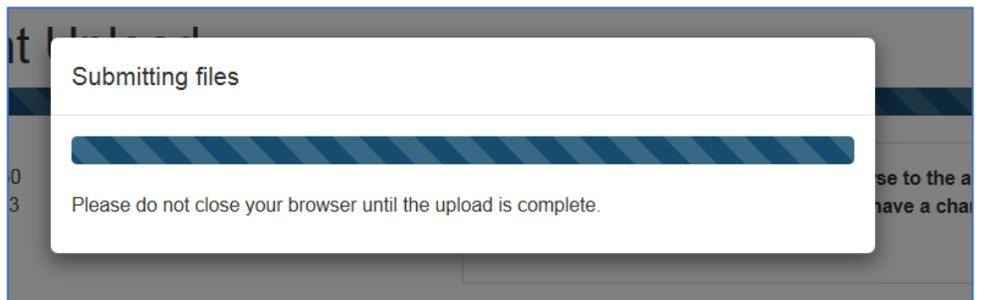
Are you ready to submit your documents?

Yes  No

Upload Files

Once you are ready to submit your documents, choose “Yes” and then “Upload Files.”

Please do not close your browser until the upload is complete.



Once the upload is complete, the user will see a confirmation screen.

## Audit Document Upload

You have successfully uploaded the following documents:

#	File Type	File
1.	W2 forms for individual employees	PAD Test W2.docx

A confirmation email has been sent to [testing@nysif.com](mailto:testing@nysif.com)

[Upload Additional Documents](#) [Exit](#)

The user will also receive a confirmation email with the list of documents that were uploaded.

The screenshot shows an email client window titled "NYSIF Premium Audit Document Upload - Message (HTML)". The interface includes a ribbon with "File", "Message", and "Help" tabs. The "Message" tab is active, showing various actions like "Ignore", "Delete", "Archive", "Reply", "Reply All", "Forward", "More", "Meeting", "Bill redesign 20...", "To Manager", "Team Email", "Done", "Reply & Delete", "Create New", "Move", "Rules", "OneNote", "Actions", "Mark Unread", "Categorize", "Follow Up", and "Translate".

The email content is as follows:

Thu 5/31/18 12:52 PM  
PADautoemail@nysif.com  
NYSIF Premium Audit Document Upload  
To: Testing Nysif

Policy Number: 12345678  
Audit Number: 987654

You are receiving this email to notify you that documents associated with the policy and audit numbers listed above have been successfully uploaded to nysif.com.

#	Document Type	Document name
1.	W2 forms for individual employees	PAD Test W2.docx