

**FUBA WORKERS' COMP  
2008/2009 FINAL AUDIT DISPUTE FORM**

Please complete the following form and attach the supporting dispute documentation. You may attach an additional page for comments if necessary. Your dispute will be addressed within 30 days of the date received.

Policy #: 106- \_ \_ \_ \_ \_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Reason(s) for the Dispute:

\_\_\_\_\_

The supporting documentation I have included to support the dispute:

- Certificate of Exemption(s)
- Certificate of Insurance for Workers' Compensation
- Payroll Journal
- UCT-6
- 941
- 1099
- General Ledger
- Other:

\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the dispute(s) described on this page are the only disputes the company has with the 2008/2009 final audit.

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_