ATA COMP FUND

PROTECTION | PERFORMANCE | DRIVEN

To: **All ATA Comp Fund Members**

From: **Katie Coaker**
Underwriting and Accounting Analyst
Kimble Coaker
CEO/ Fund Administrator

RE: 2019 Year-End Payroll Audit

As the end of another successful Fund year approaches, it will soon be time again for the Fund to obtain payroll audits from each of its members participating in the 2019 year. The Fund will continue this year with utilizing the premium auditors from Sedgwick (formerly York Risk Services Group.) During the months of December 2019 through February 2020, you will be contacted via mail and phone by an appointed Sedgwick auditor that will work with you to set a time to come to your location to calculate your payroll audit for the 2019 year. Once an auditor is assigned, should you need to reach out to them during the audit process, a list containing the contact information for all Sedgwick auditors has been provided with this notice. Please make an officer of your company aware of the upcoming audit so that they may make themselves available to meet with your auditor *as soon as possible*. With your cooperation, we hope to process these payroll audits proficiently and in a very timely manner.

The auditor that visits your location will also be required to obtain copies of specific documentation pertinent to the calculation, processing, and completion of your payroll audit. Enclosed with this letter, you will find a list of these required documents and a Fund provided questionnaire and audit worksheets. These are to be completed as much as possible before the auditor's visit and are to be fully ***completed and signed by an officer of your company the same day as your audit appointment***. The auditors will be required to submit all completed questionnaires, worksheets, and required audit documents to the Fund office. The audit will be considered incomplete if any of this information is missing. When the auditor leaves your location, the calculations presented will be considered final. So, please take whatever time is necessary to meet with your auditor as we want your payroll audit to be as accurate as possible.

Should the auditor not be provided with all necessary and required information during the scheduled audit appointment, the payroll audit will be considered non-productive and subject to force billing or account cancellation. If an appointment with the audit company is not made by March 1, 2020, the audit will be considered non-productive, as well, and subject to premium force billing or account cancellation.

Please begin to gather your records as early as possible so that you may schedule your appointment promptly to help aid in the timeliness of processing audits for the entire Fund membership. We ask that you please be very cooperative with these auditors and submit all requested information. The audit process is a very time consuming and costly endeavor for the Fund, where we spend in excess of $100,000. Anything you can do to help minimize this cost is greatly appreciated. We sincerely value your participation in the Fund and look forward to another successful Fund year.

2019 Year-End Payroll Auditors		
Auditor	**Phone Number**	**Email**
Wes Baker	229-344-4505	wesbaker100@gmail.com
Samuel Ezell	205-401-2765	ezell783@gmail.com
Vickie Oswalt	256-201-1162	voswalt.york@gmail.com
Denise Jimenez	469-510-0311	denise.yorkaudits@gmail.com
Kristin Hillard	504-708-8615	kristin.york12@gmail.com
Chris Corry	509-895-9710	chriscorry@icloud.com
Julie Walker	714-350-9788	julie.walker.york@gmail.com
Kevin Moore	520-858-2964	kevinmooreaudits@aol.com
Lisa Coady	702-945-1239	lisacoady_yorkaudits@icould.com
Nick Loera	510-506-2805	nickloerayorkrsg@gmail.com
Rebekah Bell	559-871-5946	rebekah.bell.york@gmail.com
Sarah Hamilton	559-474-5737	sarah.hamilton.york@gmail.com
Cam Merwin	731-514-6128	cmerwinauditing@gmail.com
Cristi Heller	317-626-2262	cristiheller@att.net
Donald Weiss	716-553-4280	donald.weiss.york@gmail.com
Karen Ferris	410-935-4825	kferrispremiumaudits@gmail.com
Kimberly Moser	863-940-1468	kim.moser.york@gmail.com
Wayne Woodard	812-629-0387	waynewoodardyork@gmail.com

ATA COMP FUND

Please have copies of the following information ready for your auditor before your scheduled audit appointment date:

All Social Security numbers should be omitted or "blacked out" on the following:

- All four quarters' Form 941 Federal payroll tax returns
- All four quarters' State Unemployment payroll tax returns
- Year End Form 940 Federal Unemployment payroll tax return
- Copies of 1099 forms and Year End 1096 summary transmittal form
- Year End Payroll Summary Report
- Payroll registers or listings for the entire year
- All cash disbursement records
- Individual payroll cards
- Financial Statement General ledger
- All detailed overtime records
- All detailed per diem records
- All 401K Plan and Cafeteria Plan records
- All records of Casual Labor, Contract Labor, and Subcontractors
- Certificates of Insurance for workers' compensation coverage, copies of policies of Occupational/Accident coverage for all owner/operators during the coverage period, and copies of policies of Contingent Liability coverage provided by your company for the coverage period**.**
- A listing of all owner/operator drivers, the number of calendar year weeks where any work was performed for your company, regardless of the number of days worked in each week, the start-up date and cancellation date of related lease contract, the age and CDL state of the driver, and the amount paid to the owner and/or diver of the truck, ***including and listed separately,*** those obtained by a lease/purchase agreement or of any form of financing provided by your company or any other commonly owned company *(a form is enclosed to be completed with this information and signed)*
- Non-Trucking Liability Report for the entire year (if applicable)
- A listing of all per diems to each driver, the number of nights each driver spent over the road, and rate of per diem per night that is paid *(a form is enclosed to be completed with this information and signed)*

The auditors will be required to obtain copies of all the above listed items to be submitted with their audit work papers for each Fund member. This is as much for your protection as for our information. When this information is received in the Fund office, we will make sure all of the calculations coincide with the audited calculations presented. They will also be required to account for all monies that your company spent on labor of any type during the coverage period. This includes all owner/operators, all 1099 employees, and all "non-taxable" employees. This is not to say that you will necessarily be charged for all these laborers, but we need to account for all payments made.

Company Name _____ **Coverage Period** _____

YES / NO Have all employees been classified correctly by name and earnings for each class code represented? If no, please explain.

YES / NO Have officers/principals been correctly classified and included/excluded based on policy endorsements?

NA How many trucks/equipment did your company ***own*** during the coverage period? _____
NA How many of these were ***utilized*** on a regular basis during the coverage period? _____

YES / NO Does your company use any owner/operators (drivers that drive their own equipment)? ***(ALL owner/operators must be identified by detailed name, age, compensation paid during the ATA Fund coverage period, and number of weeks worked for the Fund Member during the coverage period.)*** If yes, a copy of the Non Trucking Liability/Physical Damage Report must be attached. Is this attached?

YES / NO / NA If yes to the use of owner/operators, are Certificates of Insurance for ***workers' compensation coverage*** on file? ***If yes, copies must be provided***.

YES / NO / NA Do these owner/operators carry occupational accident coverage? ***If yes, copies must be provided.***

YES / NO / NA Does your company provide approved supplemental contingent liability coverage for this occupational accident coverage? ***If yes, copies must be provided.***

YES / NO / NA Is any of the equipment used by owner/operators obtained by a lease/purchase agreement or of ANY form of financing or lien holding provided by your company or any other commonly owned company? ***If yes, how many?*** _____ ***These drivers must be identified separately by detailed name, age, compensation paid, and number of weeks worked during the ATA Fund coverage period.***

YES / NO Does your company use any laborers (other than owner/operators) that are paid by 1099, cash, or any other means that is not reported in the company's quarterly state and federal payroll tax returns? ***If yes, these laborers must be identified by detailed name and compensation paid during the ATA Fund coverage period.***

YES / NO Does your company have any brokerage, agent, or freight forwarding operations? *If yes, provide a detailed written explanation.*
YES / NO If yes, does your company have a brokerage license for these operations? *If yes, a copy of this license must be provided.*

YES / NO Does your company pay driver per diems? If yes, on what basis does your company pay per diems? _____
If yes, each driver's per diem amount must be separated out and listed for each.

YES / NO / NA If yes, are the per diems *excluded* from your quarterly payroll tax returns? How many of your drivers are paid per diems? _____
What is the total per diem amount paid to your drivers during the coverage period? _____

YES / NO Does your company have more than one location? ***If yes, a complete listing of locations with physical addresses must be provided.***

YES / NO Does your company have facilities or employees with workers' compensation exposure in other states? ***If yes, please list these states:***

YES / NO Does your company have more than one entity?
YES / NO ***If yes, has each entity been included on this audit? If no, please explain.***

YES / NO Does your company have a **401k Plan**? ***If yes, what is the total amount of compensation deferred in the 401k Plan?*** _____

YES / NO / NA If your company does have a **401k Plan**, is this compensation ***included*** in your quarterly State tax returns?
YES / NO / NA If your company does have a **401k Plan**, is this compensation ***included*** in your quarterly Federal tax returns?

YES / NO Does your company have a **Cafeteria Plan*****? If yes, what is the total amount of compensation deferred in the Cafeteria Plan?*** _____

YES / NO / NA If your company does have a **Cafeteria Plan**, is this compensation ***included*** in your quarterly State tax returns?
YES / NO / NA If your company does have a **Cafeteria Plan**, is this compensation ***included*** in your quarterly Federal tax returns?

YES / NO Do any of your company's officers have ownership in any other companies? ***If yes, what are the names of these companies and the nature of their business? Certificates of Workers Comp Insurance must be provided for each.***
_____

YES / NO Was this audit conducted at your company's location? ***If no, please explain.***

This form must be completed and attached to all audits without exception. Any audit submitted without this form will be considered unproductive which is subject to a 150% force billing enforced by legal action.

****Signature** _____ **Title** _____
*(must be signed by **an officer of the company**)*

***** By signing this form, I declare that all questions above have been answered correctly, and that I agree with the payrolls and classification of all employees.***

Owner Operator/Contract Driver Audit Worksheet

**If your company has more owner operators than there is room to list on one sheet, please make additional copies.
If your company does not use owner operators, please write "NONE" on this form and sign.

EACH INDIVIDUAL DRIVER MUST BE LISTED OF SMALL FLEET OWNERS.

Fund Member ____

Owner Operator's Name	# of drivers	Age of Driver	Amount Paid during coverage period	# of weeks worked during coverage period

**Signature ____ Title _________________________

(must be signed by an officer of the company)

Lease Purchase Operator/Contract Driver Audit Worksheet

**If your company has more lease purchase operators than there is room to list on one sheet, please make additional copies.
If your company does not use lease purchase operators, please write "NONE" on this form and sign.

Fund Member ____

Lease Purchase Operator's Name	Age of Driver	Amount Paid during coverage period	# of weeks worked during coverage period

**Signature ____________________________________ Title ________________________

(must be signed by an officer of the company)

1099 or Cash Laborer Worksheet
(Other than Owner Operators / Lease Purchase Operators)

**If your company has more laborers than there is room to list on one sheet, please make additional copies. If your company does not use 1099 or cash paid laborers, please write "NONE" on this form and sign.

Fund Member _____

Laborer's Name	Laborer's Job Description	Wages Paid during coverage period	Laborer's WC Coverage? (Y/N) Provide COI

**Signature _____ Title _____

(must be signed by an officer of the company)

Driver/Per Diem Audit Worksheet

**If your company has more drivers that receive per diems than there is room to list on one sheet, please make additional copies.
If your company does not pay per diems, please write "NONE" on this form and sign.

Fund Member ____

Driver's Name	Wages Paid during coverage period	Per Diem Paid during coverage period	# of Nights spent over the road	Rate paid per night

**Signature ____ Title _____________________
(must be signed by an officer of the company)

Fund Member_____

As of December 31, 2019:

Class Code	# of employees

The purpose of this sheet is to know how many employees you typically have in each class code.

**Signature _____ Title _____

(must be signed by an officer of the company)