

Lowry & Associates, Inc.
PO Box 1139
Draper, UT 84020-1139



December 20, 2024

Scott Voges
VOGES WOODWORKS LLC
919 HI PATH WAY
NEW BRAUNFELS, TX 78130-6514

Control Number: 1361444

Re: Policy Number: 90-G5-B653-4

State Farm TX - PF has contracted with Lowry and Associates, Inc. to perform a premium audit of your business by internet, fax, email, or mail this year. Now that your **Workers' Compensation** policy year has ended, it is time to perform a premium audit to determine the actual exposures.

As you may recall, your deposit premium was based on an ESTIMATE. The provisions of your policy require a review of your business records to determine the ACTUAL exposure for the period of **08/30/2023 to 08/30/2024**. If your policy was for 12 full months, please provide information for this period rounded to the first day of the nearest month. If your policy was for less than 12 months, please report information for the exact date range.

To reduce the risk of error, we request that you either provide the requested information via our secure website or complete the attached forms and fax them to (435) 535-3521 by **01/10/2025**. If we have any additional questions about your business, we will call you for clarification.

To provide this information via our secure website, please go to:

Address: <https://www.GoOnlineAudit.com/Lowry>
User Name: 1361444
Password: bat60399 {Case Sensitive}

Please see lowryinc.com for additional resources such as FAQ and a glossary of terms, etc.
Open this link to watch a guide to help you complete your phone audit: <https://youtu.be/Alq7EaxFIYA>

PLEASE PROVIDE THIS INFORMATION BY 01/10/2025

If it is more convenient for you to attach reports in another format, feel free to do so, but please be sure to answer all questions on the forms and include at least one of our bar code forms with your fax as it will get routed to the auditor much more efficiently.

Be aware that failure to comply with this request for audit may result in an estimated audit being processed and/or cancellation by State Farm of your current policy.

If you have any questions or need any assistance, please call the number located at the bottom of the letter. If you have questions regarding your policy coverage(s) for this audit, feel free to contact your professional insurance agent.

Thank you for your assistance.

Lowry & Associates, Inc.

Lowry & Associates, Inc.
PO Box 1139 Draper, UT 84020-1139
auditforms@lowryinc.com
lowryinc.com (FAQs, Glossary, and additional info)
801-225-4418 (Phone) 435-535-3521 (Fax)



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D. Quarterly Report Verification – Enter the total reported payroll amounts from the Federal 941’s (NOT the amount of taxes paid) in the appropriate boxes below. This verification of the reported figures is required. Be sure to list the calendar year next to each reported quarter. Enter the total reported payroll amounts from your State Unemployment Quarterly Reports as well, if available.

If your Audit Period is not on a calendar quarter, or the last quarterly is not yet filed, then use the four (4) most recent quarters available at the time of audit. Be sure to list the calendar year next to each reported quarter.

| Quarter | Year | Wages Reported on Federal 941 Quarterly Report – Highest amount from line 5c (column 1) | Wages Reported on State Unemployment Quarterly |
|---------------------------------------------------|------|-----------------------------------------------------------------------------------------|-------------------------------------------------|
| 1 st Quarter (Jan – Mar): | 2024 | \$32,858.50 | \$32,858.50 |
| 2 nd Quarter (Apr – Jun): | 2024 | \$40,105.00 | \$40,105.00 |
| 3 rd Quarter (Jul – Sep): | 2024 | \$36,291.25 | \$36,291.25 |
| 4 th Quarter (Oct – Dec): | 2023 | \$24,960.00 | \$24,960.00 |
| Total: | | \$134,214.75 | \$134,214.75 |
| Please provide your FEIN number - It is REQUIRED: | | Federal I.D. Number 83-3574172 | State Unemployment Number 16-277756-4 |

E. Officers, Members, Partners, or Sole Proprietor Information – Please list names, titles, ownership, duties, and gross wages of all sole proprietors, members, partners, or officers. Include principals at their actual W-2 payroll even if they are excluded from insurance coverage. Principal adjustments for exclusions or state minimums/maximums, if applicable, will be made to the final report. **Percent Ownership must total 100%.**

Audit Period: 09/01/2023 to 09/01/2024

| Name (Example: "Smith, Tim") | Title (e.g. "President") | % Ownership (e.g. "50%") | Full Duties (e.g. "Office and Outside Sales") |
|---------------------------------|-----------------------------|-----------------------------|--------------------------------------------------|
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F. Indicate the entity type:

| | | | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> LLP | <input type="checkbox"/> Other: _____ |
|--------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------|------------------------------|---------------------------------------|

G. Payroll Questions - Please answer the following questions. Provide totals for categories marked Yes in other sections of form.

| | | | | | |
|------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|----------------------------------------------------------------------------|----------------------------|---------------------------------------|
| Did any employees receive any overtime pay? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | Were any Sub-contractors used? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Did any employees receive any tips? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | Does the business operate an aircraft? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Did any employees receive any severance pay? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | CA Only: Did employees participate in cafeteria 125 plans? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Did anyone receive housing or reduced rent? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | OR, NM, TX Only: Did employees receive any safety bonuses? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Were any employees paid through a leasing company or professional employer organization? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | OR Only: Did employees receive any unanticipated bonuses? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Were temporary staffing agencies paid for temporary workers? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | OR, FL Only: Did employees participate in any profit sharing plans? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Were any cash laborers, contract laborers, or 1099 non-employees used? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | OR, SD, KS Only: Did employees receive any vacation pay? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

Material Costs:

| Show the cost you directly paid to a vendor for materials that insured subcontractors installed (i.e. lumber & brick & concrete) | Total Cost Paid for Materials |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| | N/A |



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H. Payroll Information –Employees - List employees' names, duties, & the total amount paid to them during the audit period in the table below. List all employees who worked during the audit period, even if not currently employed by the company. If a principal had W-2 earnings reported in the quarterly reports, show each principal by name. Also show the audit period gross wages for each principal, even if they are excluded from coverage by policy endorsement. Additional sheets may be added if needed or you may print out a payroll summary with the employee duties and attach it to the audit worksheets.

If there were any housing, bonuses rewarding workers for safe working practices, unanticipated bonuses, vacation pay, profit sharing, or Cafeteria 125 please report this amount in the last column and label what the amount is for.

**When sending audit information through mail, fax, or e-mail, please remove or redact all personal information (like SSN's) not applicable to the audit.*

Payroll Period: 09/01/2023 to 09/01/2024

| Name | Full Duties | Gross Wages | Gross Overtime Pay | Gross TIPS | Other--Specify: |
|--------------------------------|-------------|-------------|--------------------|------------|-----------------|
| Sample Employee | Electrician | \$21,587 | \$116 | \$176 | \$180 |
| See attached employee reports. | | | | | |
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| Table Totals: | | | | | |

--Additional sheets may be appended as needed. --

I. Casual Labor: Please enter the total cost payments to casual or temporary laborers (individuals not on payroll that work on your premises or job site), as well as Leasing Companies and Temporary Employment Agencies. These individuals are often paid 1099 wages.

| Name of Temporary Laborer or Leasing Agency | Total Cost Paid in the AUDIT PERIOD | Job Operation Performed |
|---------------------------------------------|-------------------------------------|-------------------------|
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J. Subcontractors: Please enter the total cost payments to subcontractors during the policy period. **Indicate below if you obtained a certificate of insurance from the subcontractor.**

| Subcontractor Name (Example: "Valley Electric") | Write -Yes- if you obtained a Certificate of Insurance from the Sub. Write - No- if the Cert was not obtained | Total Cost Paid in the AUDIT PERIOD (e.g. "10,585") | Job Operation Performed (e.g. "Electrician") |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|
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