Assessment Information

Instructions on payment of Assessment (WCC10) invoice.
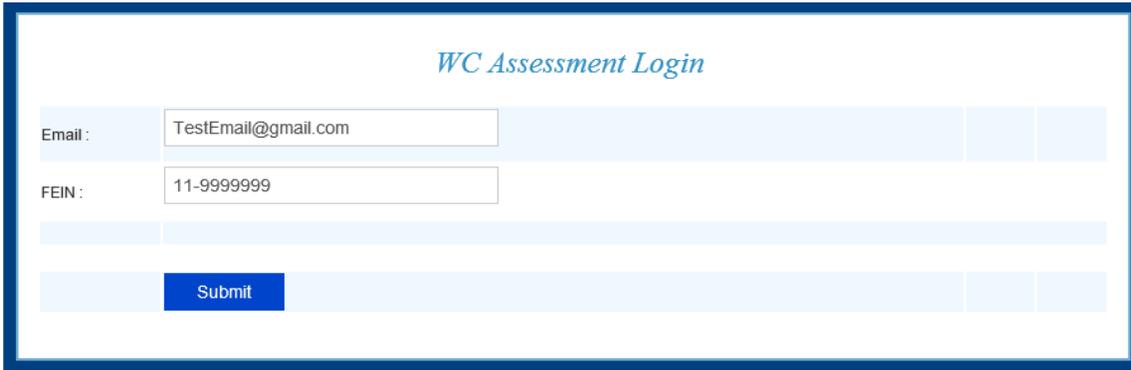
https://labor.alabama.gov/wc/assessmentportal/WCAssessmentLogin.aspx

1. Enter Email address.
2. Enter FEIN(Federal Identification Number)
3. Click
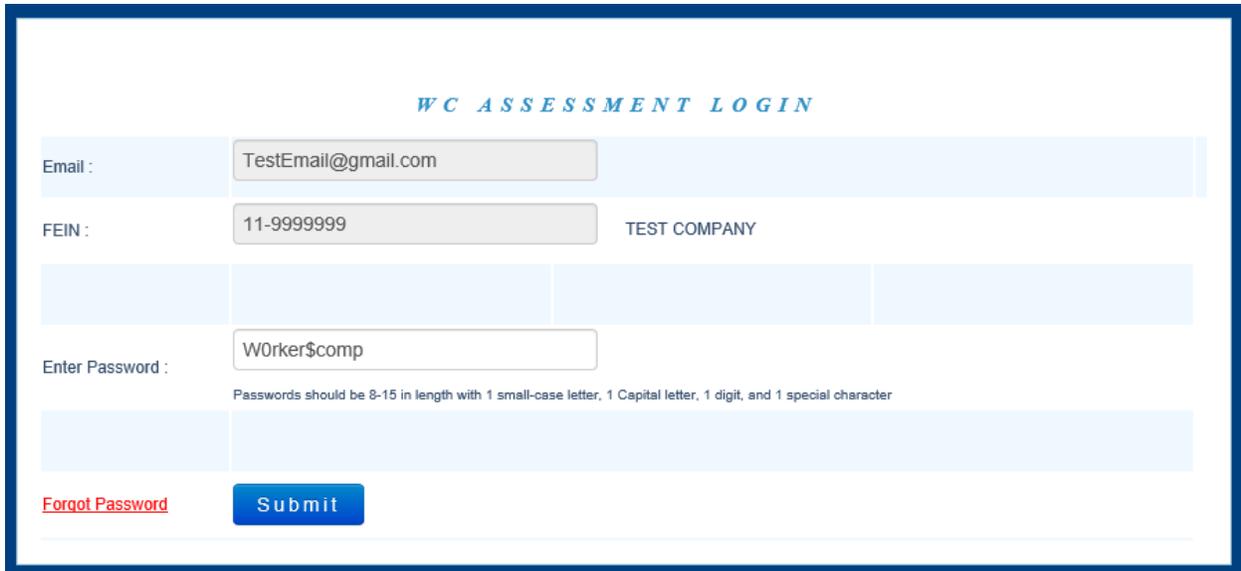
1. Upon the 1st time logging in, you'll be prompted to enter a New password.
2. If this is not the 1st time logging in, you'll be prompted to enter a valid password.
3. Click

WC CUSTOMER MAINTENANCE

Please update any information that may have changed, then click SAVE to continue

Company Name:	TEST COMPANY	EmployerType	INS COMPANIES
Address 1	123 MAIN ST	SI-Number	SI-0000
Address 2			
City	MONTGOMERY		
State:	AL		
Zip	36109		
Contact	BOB SMITH	Cert Title	BOB SMITH
Phone 1	(334)555-5555	Phone 2	(___)___-____
Email 1	TESTEMAIL@GMAIL.COM		
Email 2			
Active	Yes		

Cancel   Save

1. Customer Maintenance page allows customers to update any information that may have changed.
2. Click [Save] to continue.

WC CUSTOMER MENU

Customer Maintenance

View Invoices

1. Menu page allows for navigation between Customer Maintenance page and View Invoice pages.

W C   I N V O I C E   I N Q U I R Y

Enter FEIN :	00-0000000	
Invoices :	17-0000	Click the invoice number and click here to view
Invoice #:	17-0000	
Invoice Amt:	0.00	Click Here to Pay this Invoice Amount

Exit

1. Invoice Inquiry allows customers to view Invoices.
2. Select invoice number.
3. Click on " here to view ".
4. Example of invoice below.
5. Open invoice in Excel, PDF, or Word by clicking this icon from here you can print or save invoice.
6. Close invoice, this will bring you back to "WC Invoice Inquiry" screen
7. To pay invoice online select " Click Here to Pay this Invoice Amount ".

Excel
PDF
Word

WORKERS' COMPENSATION ASSESSMEN

649 Monroe Street

Montgomery, AL 36131-2250
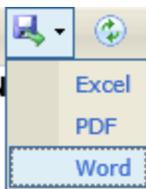
INVOICE#

FEIN#

GSI#k or SI#

Please provide and/or verify email address and phone: **Email:**

Phone:

REPORTED PAID LOSSES BY YOUR COMPANY

REPORTED LOSSES BY ALL COMPANIES

PROPORTIONATE SHARE OF BASE ASSESSMENT	PRO SHARE:
EACH COMPANY & SUBSIDIARY ASSESSED @ $250	BASESSED:
CREDIT AMOUNT	
PENALTY DUE FOR LATE FILING OF PAST WCC10	Late Filing Past:
PENALTY DUE FOR LATE FILING OF PRESENT WCC10	Late Filing Present:
PENALTY DUE FOR LATE PAYING OF PAST WCC10	10% Penalty Past:

TOTAL AMOUNT DUE ON OR BEFORE 12/07/17

MAKE CHECKS PAYABLE TO: ADOL WC FUND

PLEASE RETURN A COPY OF INVOICE WITH YOUR PAYMENT

PAYMENT IS DUE BY DEC. 1 FAILURE TO REMIT THE AMOUNT DUE BY THE DUE DATE WILL
RESULT IN A PENALTY OF 10% OF THE UNPAID BALANCE.

AN ADDITIONAL 10% PENALTY WILL BE ASSESSED FOR EVERY 30 DAYS THAT THE
BALANCE REMAINS UNPAID.

PROVIDERS FAILING TO REMIT PAYMENT WITHIN 60 DAYS MAY LOSE THEIR AUTHORITY TO
INSURE WORKERS' COMPENSATION IN THE STATE OF ALABAMA.

REMIT TO: DIRECTOR OF FINANCE
DEPARTMENT OF LABOR
FINANCE DIVISION
649 MONROE STREET
MONTGOMERY, AL 36131-2250

Workers' Compensation Assessment Notice Payment

Invoice Number:	17-0000
Invoice Amount:	0 .00

Payment Information ☐ Check here if Account Holder's Name is different from the Name below.

ZZZ TEST RECORD

Account Type
- ○ Corporate Checking
- ○ Corporate Savings
- ○ Personal Checking
- ○ Personal Savings

Routing Number	
Re-Enter Routing Number	
Account Number	
Re-Enter Account Number	

The total amount of $ 0 .00 will be drafted from this account on

Enter your Name   First: [　　　　]   Last: [　　　　]

☐ Check here to authorize the purchase.

[Previous]   [Submit]

1. Enter the required Assessment payment information
2. Check if Account Holder's name is different, then enter Full Name.
3. Select Account type.
4. Enter Routing number and Account number.
5. Enter First and Last names. Then check the authorization box.
6. Once the authorization box is checked, the Submit button will be enabled allowing payment to be submitted.