

STATE LABOR AND INDUSTRIES INSURANCE (L & I)

AGENT QUARTERLY REPORT OF TOTAL HOURS WORKED

1. YOUR NAME: _____ DATE: _____

2. FOR L&I 2nd QUARTER, 2024 year

3. _____ Total hours worked in Real Estate during the last quarter.

Note: If shown above, that you worked less than full time, you must submit to the office proof in the form of a 3 months calendar pages (or time sheets), showing hours. If full-time no record is required.

4. \$ _____ Amount paid for the quarter. 480 hours is full time.

5. THE OFFICE MUST REMIT ONE CHECK TO L & I. We will bill you on your next invoice. You can pay by check or Credit Card. By signing this form you are giving us permission to charge your card, if you don't pay with a check. (Office still must have form.)

6. THIS REPORT & PAYMENT ARE DUE TO THE OFFICE BY Fifth day 2nd month following end of quarter. (April 5th, July 5th, Oct. 5th, Jan. 5th). or immediately upon leaving the office.

7. Quarters:

1st quarter- Jan, Feb & Mar

2nd quarter- Apr, May & Jun

3rd quarter- Jul, Aug & Sep

4th quarter- Oct, Nov & Dec

SIGNATURE _____

I verify that I agree and understand with the L&I agent charges.

Current cell phone # _____

Mail to: Better Properties Valley Associates
PO BOX 490
Orting WA 98360