Washington State Department of
Labor & Industries

Submit Date: 4/28/2026
Confirmation Number: 12362270

Quarterly Report

A A

1st Quarter: January 1, 2026 - March 31, 2026

Due Date: 4/30/2026

EPHRATA OIL CHANGE EXPRESS IN
PO BOX 448
CHARLES WIEGAND
EPHRATA, WA 98823-0448

WA UBI: 604 235 485
L&I Account ID: 656,967-01
Phone Number: 509-398-8740 Ext. 0

Account Manager: NICHOLE CAROW 360-902-5634

Worker Reporting

Class Code	Nature of Work	Gross Payroll (nearest $)	Worker Hours (or units)	Rate Per Hour	Amount Owed
3406-00	Auto/Truck Service Stations	$1,597.00	94	0.7794	$73.26
			Total of Premiums		**$73.26**
			Grand Total		**$73.26**

Preparer's Information

Preparer:	Charles Wiegand
DayTime Phone:	509-717-3038
Email:	charles@abcservicesnetwork.com

Payment Information

Method of Payment:	Paper Check

Payroll Register

Jan 1 - Mar 31, 2026

Employee		Check Info				Payroll Details									
Name	SSN	Pay Start	Pay End	Chk Date	Chk #	Hours	Gross	Fed W/H	Soc Sec	Med Care	Med Care Addl	Other Tax	Draw	L & I - 3406-00-Employee	Net Pay
Aaron M Evenstad	**535-47-7992**	01/05/26	01/11/26	01/16/26	6550	34.68	615.63	-32.00	-38.17	-8.93	-	-8.55	-	-6.78	521.20
		01/12/26	01/18/26	01/23/26	6552	3.98	70.70	-	-4.38	-1.02	-	-0.98	-	-0.78	63.54
					Totals	**38.67**	**686.33**	**-32.00**	**-42.55**	**-9.95**	**-**	**-9.53**	**-**	**-7.56**	**584.74**
Adam Minnick	**534-94-0892**	01/05/26	01/11/26	01/16/26		1.00	480.77	-361.00	-29.81	-6.97	-	-6.67	-76.32	-	-0.00
		01/12/26	01/18/26	01/23/26		1.00	480.77	-361.00	-29.81	-6.97	-	-6.68	-76.31	-	-0.00
					Totals	**2.00**	**961.54**	**-722.00**	**-59.62**	**-13.94**	**-**	**-13.35**	**-152.63**	**-**	**-0.00**
John R Moss	**539-96-6997**	01/05/26	01/11/26	01/16/26	6551	43.70	748.58	-48.00	-46.41	-10.85	-	-10.39	-	-8.54	624.39
		01/12/26	01/18/26	01/23/26	6553	9.47	162.16	-	-10.06	-2.36	-	-2.25	-	-1.85	145.64
					Totals	**53.17**	**910.74**	**-48.00**	**-56.47**	**-13.21**	**-**	**-12.64**	**-**	**-10.39**	**770.03**
Company Totals						**93.83**	**2,558.61**	**-802.00**	**-158.64**	**-37.10**	**-**	**-35.52**	**-152.63**	**-17.95**	**1,354.77**
							1,597.07								

Washington State Department of
Labor & Industries
PO Box 44140
Olympia WA 98504-4140

Workers' Compensation

Employer's Quarterly Report

L&I Account ID:
656,967-01

Report is for quarter ending:
261 3/31/2026

WA Unified Business Identifier (UBI):
604 235 485

Due date:
4/30/2026

Questions? Call your Account Manager:
(360) 902-5634

File online now by going to:

QuarterlyReports.Lni.wa.gov
Use PAC code: 58985080

Policyholder

EPHRATA OIL CHANGE EXPRESS IN
PO BOX 448
CHARLES WIEGAND
EPHRATA, WA 98823-0448

No worker hours this quarter?
You will still need to submit a quarterly report. (See enclosed instruction sheet.)

YOU HAVE "NOT" ELECTED COVERAGE FOR EXEMPT CORPORATE OFFICERS, EXEMPT LIMITED LIABILITY COMPANY MEMBERS, OWNERS OR PARTNERS. HOURS/UNITS FOR THESE INDIVIDUALS MUST NOT BE REPORTED.

File

Enter total worker hours for each class to calculate the premiums you owe this quarter. Instructions are enclosed.

① Class Code	② Class Code Description	③ Gross Payroll	④ Worker Hours X	⑤ Your Rate =	⑥ Premium
3406-00	Auto/Truck Service Stations			0.7794	

Preparer's information:

Preparer (First, Last)

Daytime Phone ( )

E-mail

Signature
X

I declare under the penalty of perjury of the laws of the state of Washington (RCW 9A.72.020) that the information contained in this report and in any attachment is true and correct.

⑦	Subtotal	
⑧	Subtract any existing L&I credit	
⑨	Add any previous balance you owed	
⑩	Add any late penalties you owe*	
⑪	Add any late interest you owe*	
⑫	**Amount due**	$

** Enclosed instructions explain our late fees.*

Remit ID $

Make all checks payable to the Department of Labor & Industries. Payment must be postmarked by the due date above and sent with this form to:

Dept of Labor & Industries
PO Box 34022
Seattle WA 98124-1022

☐ **Address or owner change?**
If yes, please check here and complete change form.

F212-055-000 [06-2014]

23500074-000001-01-01100000

Washington State Department of Labor & Industries

Authorization to Access Information Or File on Behalf of Employer

Employer Services
PO Box 44140
Olympia WA 98504-4140
Fax 360-902-6787

Claim and Account Access
Email this form to: QuarterlyFiling@Lni.wa.gov

This form authorizes L&I to share information regarding this account, quarterly report filing, or claims with the representative listed below.

This Authorization Request is: ☐ New ☐ Update ☐ Remove Access Effective Date: ____/____/_____

☐ Temporary access: Start Date: ____/____/_____ End Date ____/____/_____

Employer Information (all fields required)	
9 Digit UBI Number: (ex 603-123-456)	8 Digit L&I Account ID:(ex. 123,456-78)
____-____-____	____,____-___
Business Name:	Authorized Contact Name
Address: City: State: Zip:	
Phone:	Email Address:

Representative Information (all fields required)
You agree to grant the following representative access to the above account.

Representative Business Name:	Representative Contact Name:
9 Digit Representative UBI Number: (ex. 603-123-456) _____-_____-_____	
Address: City: State Zip	
Phone	Email Address:

Primary Role: ☐ Accountant/Bookkeeper ☐ Payroll ☐ PEO ☐ Legal Rep

PEO's and Legal Reps Only:

Send Industrial Insurance Claims Mail to: (select one) ☐ Employer ☐ Representative

Signature

Signature below must be an authorized signer from the employer (e.g. owner, officer, or person with power of attorney). The signature below authorizes L&I to release confidential information and grant online access as indicated. If the effective date is blank, the date signed below will become the effective date.

Employer Authorized Contact Printed Name:	Employer Authorized Contact Title:
Employer Authorized Contact Signature:	Date:

Invoice

STATE OF WASHINGTON
DEPARTMENT OF LABOR & INDUSTRIES
3001 W Broadway, Moses Lake WA 98837

April 28, 2026

EPHRATA OIL CHANGE INC
ATTN: ACCOUNTS PAYABLE
PO BOX 448
EPHRATA, WA. 98823-0448

Re: Account ID: **656,967-01**
UBI Number: **604-235-485**
Customer Number: **945758**

This is your current Workers' Compensation account invoice, please submit **$782.92** payment to the address below, including your account ID on your payment. You can also pay online at www.lni.wa.gov/payabalancedue using your customer number. If payment cannot be made by the end of the month, additional penalty and/or interest will accrue. Contact me for an updated balance.

BAL AS OF: 042826 TOT APPEAL AMT: 0.00 TOT ACCT BAL: 782.92

_	FP	26/04		48.62		0.00	48.62
_	FP	26/02		10.00		0.00	10.00
_	PR	254	572.59	114.52	17.19	0.00	704.30
_	WS	25/12		20.00		0.00	20.00
_	PR	253	893.21			893.21	0.00
_	PR	252	998.83			998.83	0.00
_	PR	251	1,247.02			1,247.02	0.00
_	PR	244	1,422.41			1,422.41	0.00
_	PR	243	1,740.77			1,740.77	0.00

Brittany Sypert
Revenue Agent
3001 W Broadway Avenue
Moses Lake WA 98837
Phone 509-764-6907
Email Brittany.Sypert@lni.wa.gov