

Northwest Territories and Nunavut

## Employer's Payroll Statement for 2006 and Estimate for 2007

### ALL SECTIONS MUST BE COMPLETED AND RETURNED BY FEBRUARY 28, 2007.

A penalty of 15% of your 2006 provisional assessment will be levied for the late submission of this report. PLEASE RETAIN A COPY FOR YOUR RECORDS.

,		
Employer Number	2006 Rate per \$100 o	f Payroll For WCB Use Only
Employer Subclass	2007 Rate per \$100 o	f Payroll
Employer Name & Address		Changes to Employer Information
		Address
Phone Ce	ell Phone	Contact Name
Fax		Trade Name
Email		2007 YMIR
PLEASE ATTACH L	ABEL PROVIDED	

#### SECTION 1 - ACTUAL 2006 PAYROLL INFORMATION AND ESTIMATE FOR 2007

	NWT	NUNAVUT	
1. Total gross earnings of all workers	\$	\$	Include all wages, salaries or remuneration (before deductions) as per 2006 T4 summary.
2. Subtract - non assessable	\$	\$	For Corporations – Executive Officers / Directors
total gross earnings	\$	\$	For Partnerships – Partners
	\$	\$	For Sole Proprietors – Owners
3. Subtotal (1 - 2)	\$	\$	Total Gross Earnings of all assessable workers during 2006.
4. Subtract – excess earnings	\$	\$	2006 Earnings in excess of the YMIR (\$67,500) per individual.
5. Subtotal (3 - 4)	\$	\$	Total assessable payroll of all workers during 2006
6. Add – other	\$	\$	This section should be used to report payments to contractors and subcontractors not registered with the WCB or whom the WCB has advised are workers during 2006.
7. Add – casual labour	\$	\$	This section should be used to report payments to all casual labour <b>NOT</b> reported on T4's.
8. <b>Subtotal</b> (5 + 6 + 7)	\$	\$	Total Assessable Earnings of all workers <i>plus</i> Other during 2006.
9. Subtract – gross earnings in other jurisdictions	\$	\$	Gross earnings for work performed and reported to other provinces during 2006. For workers working in more than one jurisdiction please refer to the Guide.
10. Total Assessable Payroll (8 - 9)	\$	\$	Total NWT and Nunavut assessable payroll of all workers <i>plus</i> Other during 2006.
11. Estimated Assessable Payroll for 2007	\$	\$	Total estimated assessable payroll of all workers <i>plus</i> Other for 2007 (2007 YMIR as noted above).

IF YOU ARE REPORTING ZERO PAYROLL FOR BOTH JURISDICTIONS, FOR THE YEAR 2007, AND HAVE NO SUB CONTRACTOR WE WILL CLOSE YOUR WCB ACCOUNT.

IF YOU ARE REPORTING ZERO PAYROLL AND HAVE SUB CONTRATORS YOU MUST REMIT \$50.00 MINIMUM PAYMENT WITH YOUR APPLICATION. YOU MAY PAY BY VISA OR MASTERCARD AS PER THE ENCLOSED AUTHORIZATION CARD.

## **SECTION 2 - GENERAL INFORMATION**

PLEASE LIST ALL SUBCONTRACTORS FOR 2006 (attach additional list if required)

NAME	WCB NUMBER (	if known)	AMOUNT	REPORTED ON LINE 6 - Y/N
			at any line bla	
PLEASE ANSWER ALL OF THE FOLLOW Where are your accounting and payroll re		ite n/a where h	от аррисаріе.	
Name and contact information of the per	son who handles your W	CB claims.		
Where are you operating in the NWT? (ad	ddresses or geographic lo	ocations)		
Where are you operating in Nunavut? (ac	Idresses or geographic lo	ocations)		
Describe in detail the nature of your business and equipment used in the NWT and/or Nunavut:				
Is your operation seasonal?  YES	NO If YES, please in	dicate months of	operation: FROM	ТО
Was your business closed or sold during	2006? CLOSED	SOLD		
If SOLD, please provide a copy of your bill of sale with this form.				
Do you have an Accident Prevention Program (Safety Program) dealing with the health and safety of your workers?				
Do you have a written copy of your Accident Prevention Program?				
The Safety Acts of the NWT and Nunavut apply to employers in the North. The exception is those who are federally regulated in which case the Canada Labour Code applies.				
Are you covered under: FEDERAL JURISDICTION  TERRITORIAL JURISDICTION				
LIST ALL OWNERS AND/OR PARTNERS AND/OR REGISTERED DIRECTORS (attach list if required)				
NAME POSITION				

LIST ALL RELATED BUSINESS (see Guide for definition). Attach list if required

NAME OF BUSINESS	ADDRESS	WCB NUMBER (if known)

#### **SECTION 3 - EMPLOYMENT DATA**

When entering the employment data, please do not include:

For Corporations - Executive Officers / Directors

For Partnerships – Partners

For Sole Proprietors – Owners

PLEASE SEE GUIDE FOR FURTHER DETAILS

#### FOR NWT:

TYPE OF WORKER	TOTAL NUMBER OF WORKERS	AVERAGE NUMBER OF HOURS PER WEEK WORKED BY EACH WORKER	NUMBER OF MONTHS WORKED DURING THE YEAR
Full Time			
Part Time			

#### FOR NUNAVUT:

TYPE OF WORKER	TOTAL NUMBER OF WORKERS	AVERAGE NUMBER OF HOURS PER WEEK WORKED BY EACH WORKER	NUMBER OF MONTHS WORKED DURING THE YEAR
Full Time			
Part Time			

# I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS EMPLOYER PAYROLL STATEMENT IS CORRECT AND TO KNOWINGLY SUBMIT A FALSE STATEMENT MAY CONSTITUTE A CRIMINAL OFFENCE.

Completed by: (Please Print)	Signature:
Position:	Date:
Phone Number(s):	Fax Number(s):

#### THIS DOCUMENT MAY BE FAXED INTO OUR OFFICE. IT IS NOT NECESSARY TO SEND THE ORIGINAL IF FAXED. PLEASE ENSURE ALL PAGES CONTAIN YOUR EMPLOYER NAME AND NUMBER.

WCB Offers A New Option For Reporting Workplace Injuries: To provide employers with another means of reporting workplace injuries, the Claims Service Division of the WCB has introduced an e-mail address. To report in this manner, send your accident details or a message (along with a detailed Microsoft Word Document attached) to: nwtclaimserv@wcb.nt.ca

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677

or

□ Box 669 • Igaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax 1-866-979-8501