



Annual Subcontractor Report

Assessment Services Department, 5595 Fenwick Street, Suite 109, PO Box 1150, Halifax, NS B3J 2Y2
 Tel: (902) 491-8324 Toll free in Canada: 1-877-211-9267 Fax: (902) 491-8326 E-mail: assess@wcb.gov.ns.ca

This report must be completed by all employers who use subcontractors. When completed, it provides a detailed description of all subcontractors hired and paid during each quarter and annually. This report can also be downloaded from our web site (www.wcb.ns.ca, under "Employers").

If additional space is required, please feel free to prepare a spreadsheet including all the required information, or attach additional pages.

The Annual Subcontractor Report must be submitted to the WCB by the last day in March of the year following the reporting year. Please send your report by fax or mail.

Please refer to your *Employer How-to Guide* for more details.

Instructions:

- *Column 7.* Please indicate whether the contract was for labour only.
- *Columns 8 and 9.* If you know the labour portion of the contract, enter this amount in Column 9. If you do not know the labour portion of the contract, use the table on the back of this report to determine the appropriate percentage to note in Column 8. In this case, multiply Column 6 by Column 8, and enter this amount in Column 9.
- *Column 10.* If you answered NO in Column 4, please enter the 'end of period' date in which you included the actual assessable labour amount and payment for the contract.

Business Name _____	Business Number _____	NW _____
Address _____		Reporting Year _____

1 Subcontractor Name	2 Subcontractor Address	3 Business Number or Social Insurance Number	4 Clearance Letter (Y / N)	5 Type of Work	6 Total Value of Work Performed (\$)	7 Labour Only (Y / N)	8 Labour Portion (%)	9 Actual Assessable Labour (\$)	10 End of Period Date Remitted
1st Quarter – January to March Report									
Total Actual Assessable Labour for 1st Quarter								\$	
2nd Quarter – April to June Report									
Total Actual Assessable Labour for 2nd Quarter								\$	

Annual Subcontractor Report

1 Subcontractor Name	2 Subcontractor Address	3 Business Number or Social Insurance Number	4 Clearance Letter (Y / N)	5 Type of Work	6 Total Value of Work Performed (\$)	7 Labour Only (Y / N)	8 Labour Portion (%)	9 Actual Assessable Labour (\$)	10 End of Period Date Remitted
3rd Quarter – July to September Report									
Total Actual Assessable Labour for 3rd Quarter								\$	
4th Quarter – October to December Report									
Total Actual Assessable Labour for 4th Quarter								\$	

Please keep a copy of this report for your records.

Use this table to complete Column 8.

I certify that the information provided on this report is accurate and complete.

Name (Signature)

Name (Print)

Position

Telephone

Date

Type of Contract	Portion for Labour
Labour Only	100%
Labour and Materials	50%
Courier Service	50%
Trucking and Leased Equipment	25%
Logging (Chain Saw)	75%