

Employer Year-end Update 2003

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Section 1 — General Information

1 Some employers conduct business out of more than one office. Please review the addresses below and, if necessary, provide updated information on the right.

	New	information
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Phone Number

Facsimile Number

Contact Name	
Street	
City	
Province	Postal code

C	NI
Contact	Name:

Phone Number:

Facsimile Number:

■ This address is correct for delivery of **financial information** (e.g., Statement of Account). If this address is an "RR #" or "PO Box #", please give the physical location in Question 5.

	New information	
	Contact Name	
	Street	
	City	
	Province	Postal code
	Phone Number	
	Facsimile Number	
a contraction of the second		

Contact Name:

Phone Number:

Facsimile Number:

This address is correct for delivery of claim-related
information (e.g., Advice Notice).

2 The WCB collects general information about each employer. If the information is incorrect, print the up-to-date information in the space provided. Employer name:

	lew information	
Trade	name:	
	lew information	
Busine	ess number:	
	lew information	
Main b	pusiness activity:	
	lew information	
Standard Industrial Classification (SIC) Code:		
	lew information	

3	Some employers do their own payroll, whereas other employers hire an	
	external company to do their payroll. Please provide the name of the	
	company that prepares your payroll:	

- Our payroll is prepared internally
- Our payroll is prepared externally by

(Name of payroll service provider)

4 Please provide the name and account number of your current **financial institution**:

- 5 Please provide the **physical location** of your business.
 - □ same as financial address noted in question 1
 - □ same as claim address noted in question 1

• other. Please specify below.

City

Province

Postal code

Account Number

Section 2 — Officers and Directors

6 Please provide the following contact information for the owners, partners, directors, and officers (e.g., president, vice-president, treasurer) of this company. Attach extra pages, if necessary. Please print.

Last Name		Last Name			
First Name		First Name			
Official Title		Official Title			
Address		Address			
Province	Postal code	Province	Postal code		
Work Telephone	Facsimile	Work Telephone	Facsimile		
Cellular Phone		Cellular Phone			
Home Telephone		Home Telephone			
Date of Birth		Date of Birth	Date of Birth		
Social Insurance Number		Social Insurance Number	Social Insurance Number		
Last Name		Last Name			
First Name		First Name	First Name		
Official Title		Official Title	Official Title		
Address		Address	Address		
Province	Postal code	Province	Postal code		
Work Telephone	Facsimile	Work Telephone	Facsimile		
Cellular Phone		Cellular Phone			
Home Telephone		Home Telephone			
Date of Birth		Date of Birth			
Social Insurance Number		Social Insurance Number			

Section 3 — Asset Information

7 Please list the equipment, building(s) and other assets used in the operations of this company. Include the license and serial numbers for all motor vehicles, as well as the colour, make and year of the vehicle. Attach extra pages, if necessary. Please print.

Description	License Number	Serial Number

8 Did you use subcontractors in 2003? 🔲 Yes 🔲 No

For all subcontractors employed during the year, you were required to obtain a Clearance Letter as proof of up-to-date coverage. For those subcontractors where you did not obtain a Clearance Letter, you were required to include the labour portion of the contracts with your reported payroll and pay the associated assessment premium at the end of each quarter.

Did you include the labour portion of contracts in your assessable payroll throughout the year and pay the associated premium? 🛛 Yes 🛛 🗋 No

If you use subcontractors, you must complete an **Annual Subcontractor Report** and submit it to the WCB by the last day of March in the year following the assessment year. **There is a \$50 charge for late submission of this report**. A copy of the Annual Subcontractor Report is attached. Alternatively, you may use a spreadsheet from your own computer containing all of the required information. To ensure that the information on your spreadsheet is legible by WCB staff, please use at least a 10-point font size and appropriate spacing.

Section 5 — Payroll Adjustments

9 All assessable payroll figures for 2003 should have been reported to the WCB by now. However, there may be situations in which payroll for a particular period was not reported, or where a payroll figure for a certain period must be changed. For example, bonuses are sometimes formally awarded after year end but allocated to the prior year for T4 purposes.

If you have not reported payroll, or reported it incorrectly, for any periods during 2003, please use the table below to provide new/revised information and details. Please refer to your Statements of Account for confirmation of the payroll figures you reported during 2003.

Period Start Date	Period End Date	Assessable Payroll	Explanation

(Please print.)

__, am an authorized representative of this company. As such,

I certify that the information given on this form, and any extra pages attached to it, is correct and complete to the best of my knowledge.

Title or office of the representative

E-mail Address

Signature of the authorized representative (e.g., owner, officer, director, partner)

Date

Please do not send this form by mail, if you have already sent it by facsimile.

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