



SUPPLEMENTARY REPORT OF FISHING INCOME 2007 ICE COMPENSATION PROGRAM – LABRADOR (NORTH OF CAPE ST. CHARLES)

Fish harvesters in Labrador (North of Cape St. Charles) MUST submit this Supplementary Report of Fishing Income for the period June 24 to July 14 in order to receive grant payments for this period.

To use this report, you must have first filed an application form for the 2007 Ice Compensation Program.
If you require additional information, call 1 866 266-6603.

A. APPLICANT INFORMATION			
1. FAMILY NAME		4. SOCIAL INSURANCE NUMBER	
2. GIVEN NAME	3. INITIALS (if any)	5. FISHER IDENTIFICATION NUMBER (if any)	
6. TELEPHONE NO. ()	7. ALTERNATE PHONE (if any) ()	8. DATE OF BIRTH (DD / MM / YYYY)	
9. HOME ADDRESS			
9a. NUMBER AND STREET (APT.NO., P.O. BOX, OTHER)			
9b. CITY/TOWN			
9c. PROVINCE		9d. POSTAL CODE	
10. MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			
10a. NUMBER AND STREET (APT. NO., LOT, CONCESSION, P.O. BOX, OTHER)			
10b. CITY/TOWN			
10c. PROVINCE		10d. POSTAL CODE	
B. REPORT OF FISHING INCOME			
Report your "net" weekly earnings from fishing and seal hunting. Fishing earnings are considered to have been earned during the week in which the catch was landed.			
For enterprise owners , "net" weekly earnings is defined as gross weekly fishing revenue - less amount paid to crew (crew share) - less 25% of gross earnings. For crew members , "net" weekly earnings is defined as gross weekly crew share amount - less any fishing expenses paid by the crew member.			
11a. June 24-June 30, 2007	\$ <input style="width: 100px;" type="text"/>	11c. July 8 – July 14, 2007	\$ <input style="width: 100px;" type="text"/>
11b. July 1 – July 7, 2007	\$ <input style="width: 100px;" type="text"/>		
C. DECLARATION / CONSENT / SIGNATURE			
<ul style="list-style-type: none"> ▪ I declare that to the best of my knowledge, the information provided on this report is true and complete in every respect. I understand that it is a criminal offence to knowingly make false statements. ▪ I consent to the use and exchange of employment insurance information and the information in this report between the Department of Human Resources and Skills Development Canada / Service Canada and the Department of Fisheries and Oceans Canada for the purpose of administering and auditing this program. ▪ I understand that any grant payments I receive under this program are taxable. 			



APPLICANT'S SOCIAL INSURANCE NUMBER _____

- I agree that the Government of Canada may recover any payment I receive for which I am not eligible, as a debt due to the Crown.
- **Applies to crew members only:** I agree to allow Fisheries and Oceans Canada to contact the enterprise owner I named on my original application, or fish buyers, to verify my employment and/or earnings.

Signature _____ Date _____

Send your completed supplementary report to:

Gander Service Canada Centre, 1Markham Place, McCurdy Complex, 3rd Floor, Gander, NL A1V 1W7.

INCOMPLETE REPORTS WILL BE RETURNED TO YOU AT THE MAILING ADDRESS YOU HAVE PROVIDED

The information you provide on this form is collected under the authority of the Department of Fisheries and Oceans Act, the Atlantic Fisheries Restructuring Act, the Department of Human Resources and Skills Development Act, and the Department of Social Development Act for the purpose of determining your eligibility for the 2007 Ice Compensation Program.

Completion of this form is voluntary. However, failure to complete this form will mean that you will not receive a grant payment for the period after June 23, 2007. By signing and submitting this form, you agree to allow the Department of Human Resources and Skills Development Canada (Service Canada) to share your personal information, including your Social Insurance Number, with the Department of Fisheries and Oceans Canada for the purposes of administering this program. Fisheries and Oceans will not retain your SIN information, and processed forms will be returned to Service Canada. Information may also be transmitted to the Canada Revenue Agency for administration and enforcement of the Income Tax Act.

The information you provide will be retained in a Personal Information Bank which is currently under development for this program. Under the provisions of the Privacy Act, the Department of Human Resources and Skills Development Act, and the Department of Social Development Act, individuals have the right to the protection of, and access to, their personal information. Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, a copy of which can be obtained at your local Service Canada Centre. *Info Source* is also available on the web at <http://infosource.gc.ca>.

FOR OFFICE USE ONLY

Application on File? Yes No Application Approved Application Denied Application Under Assessment

Payment Calculation:

____21 | 22 ____28 | 29 ____5 | 6 ____12 | 13 ____19 | 20 ____26 | 27 ____2 | 3 ____9 | 10 ____16 | 17 ____23 | 24 ____30 | 1 ____7 | 8 ____14 |
 April May June July

eligible weeks before any fishing income: _____ wks x \$377 = _____ (1)

eligible weeks after fishing commenced: _____ wks x \$377 = _____ (2)

total deductible fishing income _____ (3)

line (2) minus line (3) (enter zero if negative) _____ (4)

Total Amount Payable (May 27 through July 14) : line (1) plus line (4) _____ (5)

Initial Payment Issued (covering May 27 to June 23) _____ (6)

Second Payment (covering June 24 to July 14) : line (5) minus line (6) _____

Service Canada: _____
signature of SC assessor

Date:

Second Payment:

Approved

Denied

signature of DFO representative

Date: