

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.

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 _____

Contact Name:
Phone Number:
Facsimile Number:

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

New information

Contact Name _____
Street _____
City _____
Province _____ Postal code _____
Phone Number _____
Facsimile Number _____

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:

- New information**

Trade name:

- New information**

Business number:

- New information**

Main business activity:

- New information**

Standard Industrial Classification (SIC) Code:

- New 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**:

Account Number _____

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.

Street _____

City _____

Province _____ Postal code _____

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 _____

First Name _____

Official Title _____

Address _____

Province _____ Postal code _____

Work Telephone _____ Facsimile _____

Cellular Phone _____

Home Telephone _____

Date of Birth _____

Social Insurance Number _____

Last Name _____

First Name _____

Official Title _____

Address _____

Province _____ Postal code _____

Work Telephone _____ Facsimile _____

Cellular Phone _____

Home Telephone _____

Date of Birth _____

Social Insurance Number _____

Last Name _____

First Name _____

Official Title _____

Address _____

Province _____ Postal code _____

Work Telephone _____ Facsimile _____

Cellular Phone _____

Home Telephone _____

Date of Birth _____

Social Insurance Number _____

Last Name _____

First Name _____

Official Title _____

Address _____

Province _____ Postal code _____

Work Telephone _____ Facsimile _____

Cellular Phone _____

Home Telephone _____

Date of Birth _____

Social Insurance Number _____

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

I, _____, am an authorized representative of this company. As such,
(Please print.)

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.