

1.

Firm Number:

WCB Annual Workers' Earnings Report
For the Calendar Years **2007** and **2008**

Indicate any change of name or address:

Workers' Earnings Information:

| Industry Code | Industry Code Description | 2. 2007 Actual Assessable Workers' Earnings | 3. 2007 Actual Gross Workers' Earnings | 4. 2007 Hours Worked | 5. 2008 Estimated Assessable Workers' Earnings | 6. 2008 Estimated Gross Workers' Earnings |
|---------------|---------------------------|---|--|----------------------|--|---|
| | | | | | | |
| | | | | | | |

Special Coverage Applications: (Voluntary Coverage, attach separate list if insufficient space)

| Industry Code | 7. Print Full Name Including Middle Initial | | Initial | 8. Coverage Type | 9. 2007 Prorated Coverage | 10. 2007 Actual Earnings | 11. 2008 Requested Coverage |
|---------------|---|------------|---------|------------------|---------------------------|--------------------------|-----------------------------|
| | Surname | First Name | | | | | |
| | | | | | | | |
| | | | | | | | |

Firm Information:

12. Business Number: (BN) _____

13. If your business is no longer employing workers is it because:

a) **Yes** **No** You sold your business?
 If yes, date of sale: _____
 Name and address of purchaser:

b) **Yes** **No** Your business has discontinued?
 If yes, date last employed: _____

c) **Yes** **No** Your business is continuing but you no longer employ workers or sub-contractors?
 If yes, date last employed: _____

14. **Contact Information:**(Indicate any changes, if applicable)

Name: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

15. I hereby certify the information on this report is true and correct:

| Date | Authorized Signature | Position |
|------|----------------------|----------|
| | | |