

All information is strictly confidential.

Due date (dd/mmm/yyyy)

Issue date (dd/mmm/yyyy)

Working copy
(For your records)

Page

Account number	Firm number
Reconciliation period covered -	
WSIB contact information 416-344-1000 1-800-387-0750	
WSIB interest rate Annual - %	

Note:
Do not write over any preprinted information. Only the original should be completed and returned in the envelope provided.

Please type or print in black ink.

Section A - Calculating total insurable earnings

Gross earnings before deductions

1	Total earnings per T4 summary	
2	Other earnings not on T4 summary	
3	Contractors' earnings	
4	Volunteer forces (complete enclosed schedule)	
5	Optional insurance (see attachment 1)	
6	Total gross earnings before deductions	

→

Deductions from gross earnings

7	Non-insurable gross earnings	
8	Executive officers' earnings	
9	Excess earnings	
10	Total deductions	

→

11	Total insurable earnings (Box 6 minus box 10)	
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Section B - Allocation of total insurable earnings by classification

You must complete section B

If your business differs from the classification(s) below, notify the Employer Services Centre at employeraccounts@wsib.on.ca.

Reporting period		Classification			(A)	(B)	(C)
Start	End	CU code	RG	CU description	Direct earnings	Common earnings	Insurable earnings = (A) + (B)

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

Section C - Premium calculation

Reporting period		Classification			(C) Insurable earnings from section B	(D) Rate per \$100	CU premium (C) X (D) ÷ 100
Start	End	CU code	RG	CU description			

12 Total insurable earnings (Equals box 11) **Total premium amount** **13**
(If less than \$100, enter \$100)

Total premium amount reported
(The sum of the premiums previously reported for this reconciliation period.) **14**

Does the amount in box 14 match your records?
 • If not the reason may be that our records do not show your most recent reporting period. The amount recorded is the total premiums **reported** throughout the year, not premiums actually **paid**.

Reconciled difference
(Box 13 minus box 14) **15**

16 **Credit to account**

If box 15 is negative, enter amount here.

Amount due
 17
If box 15 is positive, enter amount here.

Amount paid
 18

Please enclose payment with this form. Payment cannot be accepted at any financial institution.

Section D - Certification:

I hereby certify that I am an owner (or authorized officer) responsible for this account and that, to the best of my knowledge, the information on this form and on any documents attached is true and correct.

Account number	Company legal name		
Name (please print)	Title	Date completed (dd/mmm/yyyy)	
Signature	Telephone	Fax	

NOTE:
 If this form is not received by the due date, the WSIB will calculate a premium for the reconciliation period and charge one per cent of that amount (to a maximum of \$1000) for each month the form is not received.
 Businesses are required to keep accurate records of all the earnings and deductions declared on this form. The WSIB must be able to verify the earnings and deductions declared from the business's records.
 Failure to keep proper records, or submitting an inaccurate form, can result in penalty or prosecution.