

Section 1 – General Information

IMPORTANT: You are **not required** to complete this form if your business information **did not** change in 2015 or you **did not** use subcontractors.

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

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

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).

2 The WCB collects general information about each employer. All information gathered, retained and disclosed by the WCB is done in accordance with the *Freedom of Information and Protection of Privacy Act*. 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 _____

Section 2 – Officers and Directors

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.

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
Work Telephone _____ Cellular Phone _____	Work Telephone _____ Cellular Phone _____
Are you receiving a T4? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving a T4? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – Subcontractors

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 use subcontractors in 2015? Yes No

If no, and you have no other changes to report on this form, there is no need to return the form to the WCB.

If yes, 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 complete and submit this form online using MyAccount (my-account.ns.ca), or create 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 4 – Payroll Adjustments

All assessable payroll figures for 2015 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 2015, 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 2015.

Period Start Date	Period End Date	Assessable Payroll	Explanation

Section 5 – Certification

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

Email 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.