

All information is strictly confidential.

Original

Reconciliation Form

Due Date

Issue Date

Page

Account No.	Firm No.
Reconciliation Period Covered —	
Telephone Enquiry Number	
WSIB Interest Rate Annual -	

For information on how to complete this form refer to the Reconciliation Guide.

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		

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Deductions From Gross Earnings			
7	Non-insurable Gross Earnings		
8	Executive Officers' Earnings		
9	Excess Earnings		
10	Total Deductions		

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11	Total Insurable Earnings (Box 6 minus box 10)		
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NOTE:
 Do not write over any preprinted information. Only the original should be completed and returned in the envelope provided.

Section B - Allocation of Total Insurable Earnings by Classification

You must complete Section B

If your business differs from the classification(s) below, notify your WSIB account representative.

Classification			(A)	(B)	(C)
CU Code	RG	CU Description	Direct Earnings	Common Earnings	Insurable Earnings = (A) +(B)

Section C - Premium Calculation

Classification			(C)	(D)	CU Premium
CU Code	RG	CU Description	Insurable Earnings from Section B	Rate per \$100	(C) X (D) ÷ 100

12	Total Insurable Earnings (Equals box 11)			Total Premium Amount (If less than \$100, enter \$100)			13
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14	Total Premium Amount Reported (The sum of the premiums previously reported for this reconciliation period.)		15
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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**.

15	Reconciled Difference (Box 13 minus box 14)		
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Credit to Account
If box 15 is negative, enter amount here.

Amount Due
If box 15 is positive, enter amount here.

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

Amount Paid

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 No.	Company Legal Name		
Name (please print)	Title		Date Completed
Signature	Area Code ()	Telephone No.	Area Code () FAX No.

NOTE:

If this form is not received by the due date, the WSIB will calculate a premium for the reconciliation period and charge 1% of that amount (to a maximum of \$1000) for each month the form is not received.

Employers are required to keep accurate records of all earnings and deductions declared on this form. The WSIB must be able to verify the earnings and deductions declared from the employer's records.

Failure to keep proper records, or submitting an inaccurate form, can result in penalty or prosecution.