

All information is strictly confidential.

Original

Reconciliation Form

Due Date

Issue Date

Page

Account No.	Firm No.
Reconciliation Period Covered —	
Telephone Enquiry Number (416) 344-1004 1-800-387-0080	
WSIB Interest Rate Annual - Monthly -	

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		
2	Other Earnings not on T4		
3	Contractors' Earnings		
4	Municipal Volunteer Forces (complete enclosed Schedule)		
5	Optional Insurance (see Attachment 1)		
6	Total Gross Earnings Before Deductions		<input type="text"/>
Deductions From Gross Earnings			
7	Non-insurable Gross Earnings		
8	Executive Officers' Earnings		
9	Excess Earnings		
10	Total Deductions		<input type="text"/>
11	Total Insurable Earnings (item 6 minus item 10)		<input type="text"/>

NOTE:
 Do not write over any preprinted information. Only the original should be completed and returned.

Section B - Allocation of Total Insurable Earnings by Classification

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 item 11)			Total Premium Amount (If less than \$100, enter \$100)		13
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Total Premium Amount Reported (Amount that you previously reported for this reconciliation period)		14
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Reconciled Difference (item 13 minus item 14)		15
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Credit to Account	Amount Due
If box 15 is negative, enter amount here.	If box 15 is positive, enter amount here.
Amount Paid	

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

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.

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. A WSIB auditor 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.