WSIB Ontario | Reconciliation form

Visit wsib.ca for a detailed guide to filling out this form.

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)	

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

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

Section C - Premium calculation

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

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**

Credit to account

16 [   ]

If box 15 is negative, enter amount here.

Amount due

[   ] **17**

If box 15 is positive, enter amount here.

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

Amount paid

[   ] **18**

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 (print, sign and return to the WSIB or type and upload)	Telephone	Fax

☐ Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

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.