

Visit [wsib.ca](http://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 <b>416-344-1000</b> <b>1-800-387-0750</b>	
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**

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

→

**Deductions from gross earnings**

<b>7</b>	Non-insurable gross earnings	
<b>8</b>	Executive officers' earnings	
<b>9</b>	Excess earnings	
<b>10</b>	<b>Total deductions</b>	

→

**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](mailto:employeraccounts@wsib.on.ca).

Reporting period		Classification			(A)	(B)	(C)
Start	End	NAICS code	Class/ sub class	NAICS code description	Direct earnings	Common earnings	Insurable earnings = (A) + (B)

Email [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you need a different format or accommodation. Disponible en français.

[wsib.ca](http://wsib.ca) | Mail: 200 Front Street West, Toronto, Ontario, M5V 3J1 | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050

**Section C - Premium calculation**

Reporting period		Classification			(C)	(D)	Premium
Start	End	NAICS code	Class/ sub class	NAICS code description	Insurable earnings from section B	Rate per \$100	(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**

**16** Credit to account   
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.