



EMPLOYER'S PAYROLL STATEMENT FOR 1995 AND ESTIMATE FOR 1996

NOTE: To be completed and returned by February 29, 1996. A penalty of 15% of your 1995 provisional assessment will be levied for the late submission of this report

Employer Name & Address 1100-21899
1995 rate per \$100 of payroll 2.50
1996 rate per \$100 of payroll 4.25

ALL SECTIONS MUST BE COMPLETED (Please see reverse for additional information)

If business has been sold, attach a copy of the Bill of Sale.

Name or Address Change if different from above: Address where Payroll Records are kept: Purchaser's Name & Address:
SAME AS ABOVE N/A

Phone/Fax: Contact Name:

1995 ASSESSABLE PAYROLL & 1996 ESTIMATED PAYROLL

NOTE: Multiple Industry Employers must complete a "Multiple Industry Application & Payroll Sheet."

Table with 2 columns: Description(s) of Operation(s) and Payroll amounts. Includes handwritten entries: 96136.28, 96136.28, 118,000.00, and Usual Number of Employees in the NWT: 24.

NAME OF OWNERS AND/OR DIRECTORS AND/OR PARTNERS Attach list if necessary

CONTRACTED/SUBCONTRACTED TO Attach list if necessary

Redacted area for owners and contractors. Includes handwritten N/A.

If optional personal coverage is required, please submit a complete Acknowledgment For Optional Coverage form.

I hereby certify the information contained on this Employer Payroll Statement form is correct.

Completed by (please print): Signature: Phone Number(s): Position: Fax Number(s): Date:

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