ANNUAL WORKERS COMPENSATION REPORTING DECLARATION

DECLARATION OF WAGES AND PAYROLL RETURN

EMPLOYER INFORMATION

LEGAL ENTITY NAME

POLICY NUMBER

TRADING NAME (DBA)

REPORTING PERIOD FROM

REPORTING PERIOD TO

PAYROLL DECLARATION TABLE

CLASS CODE	CLASSIFICATION DESCRIPTION	NO. OF EMPLOYEES	GROSS WAGES	SUBJECT WAGES
		TOTAL		

DECLARATION STATEMENT

I hereby declare that the information contained in this annual return is correct and complete, and represents a true statement of all wages, salaries, and other earnings paid to employees within the reporting period specified above, in accordance with the regulatory and statutory requirements of the Workers' Compensation legislation.

AUTHORIZED SIGNATURE

PRINTED NAME

TITLE / CAPACITY

DATE