

EMPLOYER'S PAYROLL RETURN

Workers' Compensation Board

Employer
Name:

Trading Name:

Address:

Policy Number:

Return Period:

Email Address:

Phone
Number:

PAYROLL DECLARATION

Class / Code	Description of Industry / Operations	No. of Workers	Gross Earnings (\$)	Excess Earnings (\$)	Net Assessable Earnings (\$)
Totals:					

ASSESSMENT CALCULATION

Total Net Assessable Earnings	\$
Assessment Rate (per \$100)	\$
Premium Assessment Due	\$
Previous Balance / Adjustments	\$
Total Amount Payable	\$

EMPLOYER DECLARATION & CERTIFICATION

I hereby certify that the information provided in this return, including all declarations of payroll, earnings, and operations, is true, accurate, and complete to the best of my knowledge and belief, in accordance with the governing Workers' Compensation legislation. I acknowledge that failure to report accurate payroll figures or late filing may result in penalties and statutory interest.

Authorized Signature

Title / Position

Date (DD/MM/YYYY)