## WORK SAFE. FOR LIFE. WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

## STATEMENT OF ACCOUNT

Protected B when completed

For WCB Inquiries:

Telephone

1-877-211-9267 (Toll Free) 1-902-491-8324 (Halifax)

Email

assess@wcb.gov.ns.ca

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www.wcb.ns.ca

Business Number

**Employer Name** 

SIC

Account Description

## **Remittance Calculation Worksheet**

This worksheet has been provided to assist you when completing the Remittance Voucher. You should refer to the Employer Information Guide for complete details. Report payroll figures in dollars only.

A. Total gross payroll for period	d			00.
B. Excess wages (amount above	ve assessable maxi	mum of \$76,30	00 per person)	
C. Labour portion of subcontract	ctors			++
D. Total assessable payroll (A	A - B + C) (Include	on Remittano	ce Voucher)	.00
E. Assessment rate per \$100.0	00			x
F. Premium payable for period	(D x E / 100)			
G. Statement of Account balan	ce due			+
H. Total amount payable (F +	· G) (Include on Re	emittance Vou	icher)	
I. Number of employees (Incl	luda en Domittana	o Vouchor)		
Please complete all the hoves on	the Remittance Voucher	below. and round v	our total assessable payroll figur	e to the nearest dollar.
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