



MAIL FORM TO:
P.O. Box 9000
St. John's NL A1A 3B8

CALL US AT:
709.778.1140
1.800.563.9000

Payroll Change Form

FAX FORM TO:
709.778.1110

VISIT US AT:
workplacnl.ca

Complete this form to update your estimate of payroll and other assessable earnings.

For more information on what earnings are assessable, please consult our Assessable Earnings Fact Sheet on our website or contact WorkplaceNL.

<i>Firm Number</i>	<i>Firm Name</i>	<i>Date</i>
<input type="checkbox"/>	PAYROLL INCREASE	
<input type="checkbox"/>	PAYROLL DECREASE	
<i>Assessment Year</i>	<i>Current Payroll Estimate (Change from)</i>	<i>Revised Payroll (Change to)</i>

Explanation:

I am authorized to report the payroll change requested above.		
<i>Print Name of Authorized Person</i>	<i>Title of Authorized Person</i>	<i>Telephone Number</i>
<i>Signature of Authorized Person</i>		<i>Date</i>