

Click on any field to start editing.

## Verification of Income Statement

### Client information

Name: \_\_\_\_\_ WCB claim number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_  
Email address: \_\_\_\_\_

Please notify our office of any address changes.

### Income information

- Are you receiving Canada Disability Pension in relation to your work injury?  
 Yes  No If yes, please attach a copy of your T4(A) slip from Canada Revenue Agency, if available.
- Are you currently working ?  Yes  No If yes, please provide the following:  
Employer name: \_\_\_\_\_  
Current hourly rate: \_\_\_\_\_  
Number of hours per week: \_\_\_\_\_
- Please attach copies of the following documents:  
 Most recent income tax return.  
 Saskatchewan Tax form (SK428) or provincial TD1 Personal Tax Credits Return form from your home province if you are not living in Saskatchewan.  
 Notice of assessment (NOA).

Failure to submit this information may result in a disruption of your benefits.

Your documents can be submitted by:

- Mail: 200 - 1881 Scarth St., Regina, SK S4P 4L1.
- Fax: 1.306.787.4311 or toll free 1.888.844.7773.
- Email: [forms@wcbask.com](mailto:forms@wcbask.com).

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Date mm/dd/yyyy \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

