

Click on any field to start editing.

Account Closure/Sale form

Please complete if your business has had a change in ownership, sold, closed or is no longer operating in Saskatchewan.

Section 1: Mailing address and business information

Business name: _____ Account number: _____
 Business address: _____ City: _____ Prov: _____ Postal code: _____
 Business phone number: _____ Cell number: _____
 Email address: _____

Contact information (who may we contact for additional information)

First name: _____ Last name: _____
 Phone number: _____ Cell number: _____ Email: _____

Correspondence (where would you like future correspondence to be mailed)

Address: _____ City: _____ Prov: _____ Postal code: _____

Section 2: Reason for completing this form

Effective date of change (mm/dd/yyyy): _____

Will you continue operation in Saskatchewan? Yes No

Please check at least one of the following reasons why the account is to be closed:

- | | |
|---|---|
| <input type="checkbox"/> Sale - <input type="checkbox"/> Share | <input type="checkbox"/> Bankruptcy/Consumer proposal |
| <input type="checkbox"/> Asset | Trustee firm name: _____ |
| <input type="checkbox"/> Stopped employing workers or contractors | Trustee name: _____ |
| <input type="checkbox"/> Amalgamation/Restructure | Address: _____ |
| | City/Prov./PC: _____ |
| | Email: _____ |

Purchaser information

Business name (after sale): _____ Purchaser's name: _____
 Relationship to seller: Family member Spouse/partner Business partner No relationship
 Purchaser's address: _____ City: _____ Prov: _____ Postal code: _____
 Contact name: _____ Contact phone number: _____
 Email address: _____

Section 3 Workers' wages

Please include directors who receive T4 in actual wages.

Total gross earnings before deductions, per worker per calendar year (up to the maximum)				2020 maximum \$88,906	2021 maximum \$91,100
Year	Industry code	Description	Actual wages	Estimated wages	

Section 4: Optional personal coverage

List below the person whose personal coverage will be cancelled or continued.

Industry code	Name(s)	Coverage amount	Continue coverage	Cancel coverage
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Contractors to be reported

Contract year	Name of contractor and address	Description of work	Total contract amount (exclude GST/PST)	Labour portion (if known)

Section 6: Additional information

Section 7: Declaration**Read carefully**

By submitting this form, I certify and declare the following: that all the information provided is true, complete, and correct to the best of my knowledge; I am authorized by, and on behalf of, the business to make this declaration; I fully understand the content, the requirements of the submission, and that the WCB will use and rely on this information in the management of our business account; I understand this declaration; and that I or the business may be committing an offence and may be liable to statutory penalty or criminal prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information.

Signature: _____

Name: (please print) _____

Date: _____

Position: _____

Phone number: _____

Email: _____