

Click on any field to start editing.

Account closure/sale form

Please complete if your business changed ownership, sold, closed or is no longer operating in Saskatchewan.

Section 1: Business information

Business name: _____ Account number: _____

Business phone number: _____ Cell number: _____

Email: _____

Contact information (who we may contact for additional information if required)

First name: _____ Last name: _____

Phone number: _____ Cell number: _____ Email: _____

What address should the final statement of account be mailed to?

Address: _____ City: _____ Province: _____ 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/province/postal code: _____

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: _____ Province: _____ Postal code: _____

Contact name: _____ Contact phone number: _____

Contact email: _____

Click on any field to start editing.

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)				2023 maximum \$96,945	2024 maximum \$99,945
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: _____