



SASKATCHEWAN
WORKERS'
COMPENSATION
BOARD

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Regina, Sask. S4P 4L1

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REQ

VERIFICATION OF INCOME STATEMENT

PERSONAL INFORMATION

Name	Claim #
Current Address	
Has your address changed in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Telephone: Home	Work Other
Social Insurance #	

INCOME INFORMATION

1.	Have you worked in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes	Current or most recent employer
		Employer's Address
		Employed From: dd/mm/yy To: dd/mm/yy
		Occupation
		Regular gross wage before deductions (complete one)
		Hourly rate _____ x _____ Hours per week
		Monthly salary
	Annual salary	
	If you have worked for other employers in the past 12 months, please write the above information about them on a separate piece of paper and attach it to this form. Make sure to include your claim number.	
	If no	I have not worked in the last twelve months because
		I am seeking employment in the occupation(s) of
2.	Do you get disability benefits from the Canada Pension Plan (do not include children's portion)?	\$ _____ per month
3.	Income tax status (check as many as apply)	
	<input type="checkbox"/> Single	
	<input type="checkbox"/> Claiming spouse	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial, specify amount from tax return: Prov. \$ _____ Fed. \$ _____	
	<input type="checkbox"/> Claiming child as equivalent-to-spouse	
	<input type="checkbox"/> Claiming other dependants. Who are they and what is their relationship to you?	

Date _____ Signature _____

By signing, I verify the above information to be true.

Please attach copies of your last Income Tax and Benefit Return and Notice of Assessment from Canada Revenue Agency and return to our office at the address listed above.