



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: Business information

Business name: \_\_\_\_\_ Account number: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Contact information (who may we 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: \_\_\_\_\_ 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:

- Sale -  Share  Bankruptcy/Consumer proposal
- Asset
- Stopped employing workers or contractors
- Amalgamation/Restructure

Trustee firm name: \_\_\_\_\_

Trustee name: \_\_\_\_\_

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**


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**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: \_\_\_\_\_