

EEZ Payroll Tax Relief - Employee Reporting Form

*****Complete Only if an Existing Business Opening A Branch in an EEZ*****

(Please print)

Business Name: _____

Business Phone Number: _____ Payroll Tax ID Number: _____

Business Location: _____

Mailing Address: _____

A	B	C	D	E
Post Title/Number	Employee Name	Social Insurance Number	Full-time (FT) or Part-time (PT)	As per statement of employment, agreed hours of work per week
Tax Period				

Authorised Signature: _____ Date: _____