

Foreign Worker Payroll Setup

BUSINESS NUMBER & WSIB ACCOUNT REGISTRATION:

EMPLOYEE'S NAME			
EMPOYEE'S D.O.B		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PHONE		<input type="checkbox"/> CELL <input type="checkbox"/> HOME	
EMAIL ADDRESS			

EMPLOYER'S NAME			
BILLING ADDRESS			
CITY/PROVINCE		POST CODE	
EMPLOYER'S SIN			
EMPOYER'S D.O.B			
PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> BUSINESS		
PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> BUSINESS		
EMAIL ADDRESS			
BUSINESS LOCATION (if different)			
CITY/PROVINCE		POST CODE	

CONFIRMATION OF PAYROLL SERVICE

By signing below, you confirm your understanding that you are the employee of the person mentioned above and that Qualicare is performing payroll services on your behalf. Qualicare will make payroll payments to your employee, and will make remittances to CCRA and WSIB and will bill you for these disbursements in addition to a 10% service fee.

Submitted by (Print Name):			
Signature:		Date:	

Please complete and sign this form and send it to:
 Qualicare Inc. 3910 Bathurst Street, Suite 404 Toronto, Ontario M3H 5Z3
 or Fax to (416) 630-0208