## **HKAY Professional Corporation**

316 3770 Westwinds Dr N.E. Calgary AB T3J 5H3 hkay@hkaycpa.com

Firm's /Cor	poration name			
Address:				
Payroll Reg	istration number with CRA			
Pay period :		From	DD/MM/YYYY	
		То	DD/MM/YYYY	
Existing em	ployee's information			
S. No.	Name of the employee	Hours	Rate/hr/Salary	Additional tax deduction required
1				
2				
3				
4				
5				
6				
7				
8				
9				
Informatio	n for employees left			
S. No.	Name of the employee	Employment Status Current/Left	Date of leaving	ROE required or not
1				
2				
3				
4				
Verified by: Su	pervisor/ Manager/ Proprietor/Direct	or/Partner		
Dated:	per individual in individual indi	io., i di dici		
Place:				