## HKAY Professional Corporation 316 3770 Westwinds Dr N.E. Calgary AB T3J 5H3

hkay@hkaycpa.com

| S No                     | Legal Name                  | CINI | Rate per   | Relationship |
|--------------------------|-----------------------------|------|------------|--------------|
| New emp                  | oloyee's information:       |      |            |              |
| Pay period :             |                             | То   | DD/MM/YYYY |              |
| Day paried .             |                             | From | DD/MM/YYYY |              |
| Payroll R                | egistration number with CRA |      |            |              |
| Address:                 |                             |      |            |              |
| Firm's /Corporation name |                             |      |            |              |
|                          |                             |      |            |              |

| S. No. |  | gal Name<br>ss of the employee | SIN | Rate per<br>hr/Salary | to the employer (Employee/relative) |
|--------|--|--------------------------------|-----|-----------------------|-------------------------------------|
|        | FIRST NAME   | LAST NAME                      |     |                       |                                     |
|        | ADDRESS WITH POSTAL CODE                           |                                |     |                       |                                     |
|        | ADDRESS WITH PO                                    | STAL CODE                      |     |                       |                                     |
|        | FIRST NAME   | LAST NAME                      |     |                       |                                     |
|        | ADDRESS WITH PO                                    | STAL CODE                      |     |                       |                                     |
|        | ADDRESS WITH PO                                    | STAL CODE                      |     |                       |                                     |
|        | FIRST NAME   | LAST NAME                      |     |                       |                                     |
|        | ADDRESS WITH POSTAL CODE                           |                                |     |                       |                                     |
|        | ADDRESS WITH PO                                    | STAL CODE                      |     |                       |                                     |
|        | FIRST NAME   | LAST NAME                      |     |                       |                                     |
|        | ADDRESS WITH POSTAL CODE  ADDRESS WITH POSTAL CODE |                                |     |                       |                                     |
|        |  |                                |     |                       |                                     |
|        | ADDRESS WITH POSTAL CODE                           |                                |     |                       |                                     |
|        | ADDRESS WITH PO                                    | STAL CODE                      |     |                       |                                     |

Verified by: Supervisor/ Manager/ Proprietor/Director/Partner

Dated:

Place: Calgary