

Schedule 1: Blue Marble Client Information

Legal Company Name (to appear on government submissions):			
Canadian Business Address:		City	
Province:		Postal Code:	
		Phone:	
Address (Only required if Canadian Business Address is null)			

Business Registrations:			
Canada Revenue Agency Business Number (15 digits):		Remittance Frequency:	
		PD7A Attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Revenue Quebec Business No. (required if registered in Quebec):		Remittance Frequency:	
		Statement Attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO
NEQ number (required if remote employees reside in Quebec)			

Employer Health Tax:			
Would you like PayTrak to manage your Employer Health Tax (applicable to BC, ON, MB, NL employers only)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Subject to where the employer has a Physical Canadian Establishment			
Province:		Employer Health Tax Registration Number:	
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Health and Safety:			
Would you like PayTrak to manage your Workers Compensation / Health and Safety? <input type="checkbox"/> YES <input type="checkbox"/> NO			
* Subject to where employees reside (employer address not applicable)			
Province		Account Number:	
		Rate:	
Province		Account Number:	
		Rate:	
Province		Account Number:	
		Rate:	
Province		Account Number:	
		Rate:	

Payroll Calendar:			
Pay Frequency:		First Pay Period Start (Go-live)	
First Pay Date (Go-live)		Period End (Go-live)	
If your pay date falls on a holiday or a weekend would you like this moved back to the preceding business date? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Payroll Funding:	
Please Select One: <input type="checkbox"/> Direct Pre-Authorized Payment <input type="checkbox"/> Direct Wire From Client <input type="checkbox"/> Blue Marble Money Movement	*Note: If selecting Direct Pre-Authorized Payment a Schedule 3 Must be Attached. **Note: All funds must be transferred in Canadian Currency

Pay statements:	
Please indicate how employees will receive pay statements <input type="checkbox"/> Webglobe Self Service Portal <input type="checkbox"/> PayTrak email direct to employee email	

Contact Information:			
Payroll (Primary)	Name (First, Last) <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 95%;" type="text"/>
Payroll (Secondary)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact Information for Record of Employment:	
*All fields required	<input style="width: 95%;" type="text"/>
Name (First, Last):	<input style="width: 95%;" type="text"/>
Email Address:	<input style="width: 95%;" type="text"/>
Phone Number:	<input style="width: 95%;" type="text"/>

Health Benefits:																																															
Please select if no benefits are provided and you would be interested in PayTrak Protect? <input type="checkbox"/> YES <input type="checkbox"/> NO																																															
Corporate benefit policy description for T4 box 45 reporting: <input style="width: 95%;" type="text"/> (Family/Individual/Couple/Not offered)	PayTrak collect funding and remit payment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																														
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If Yes to PayTrak remitting payment, enter Payee instructions below: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																									

Vacation / Paid Time Off:																			
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Special Instructions:	
Example: Allowances/Garnishments/RSU/Stocks/Special deductions/Special payments/Union/ etc.	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

Signing Authority (First, Last): <input style="width: 95%;" type="text"/>	
Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>