



The Ministry of Revenue's new EHT Annual Return is comprised of two sections – the top portion (**shown as A in the example**) is the Working Copy – for your records. The bottom portion (**shown as B in the example**) is the remittance portion of the return.

In addition to completing A, tax clients are required to complete the bottom portion of the return shown as B. Some clients are misunderstanding the words which read "Ministry Use Only" as meaning they don't need to complete the bottom portion. This is incorrect.

Lines 1 through 8 in the bottom portion are to be completed as appropriate by the client, detached from the working copy and mailed to the ministry.

If you have any questions, please contact the ministry at 1 866 668-8297 or visit our website ontario.ca/revenue.

La nouvelle déclaration annuelle d'ISE du ministère du Revenu comporte deux sections – la partie du haut (**partie A dans l'exemple**) représente votre copie brouillon – pour vos dossiers. La partie du bas (**partie B dans l'exemple**) représente le bon de versement.

Les entreprises-clientes sont tenues de remplir en plus de la partie A, la partie du bas de la déclaration, partie B. Certaines entreprises interprètent mal la mention « Réservé à l'usage du ministère », et croient qu'elles ne doivent pas remplir la partie du bas. Mais cela est inexact.

Les lignes 1 à 8 qui figurent dans la partie du bas doivent être remplies par l'entreprise, et cette section doit être détachée de la copie brouillon et envoyée par la poste au ministère.

Si vous avez des questions, n'hésitez pas à communiquer avec le ministère au 1 866 668-8297 ou visitez notre site Web, à l'adresse ontario.ca/revenu.



Ministry of Revenue
33 King St W
PO Box 620
Oshawa ON L1H 8E9

2009 EHT Annual Return
Employer Health Tax Act

Business No.	Taxation Period	Reference No.
	01-Jan-2009 to 31-Dec-2009	L0328761600

EHT - rL010

Our records indicate that as of 31-Dec-2009 you are not an associated employer. If this is not accurate, please check the correct information in the section marked **(A) Associated Employer** on this return. If you are an associated employer please complete Schedule 2 and return it with your EHT return.

Working Copy - for your records (Please refer to the EHT Annual Return Guide for instructions)

① Total Ontario Remuneration 00

② Subtract: Exemption - 00

③ Taxable Ontario Remuneration = 00 × ④ Tax Rate % (see Guide) = 00

⑤ Total Tax Payable

⑥ Subtract: 2009 tax instalments paid (excluding payments for penalties and interest) - 00

⑦ Balance Due/Refund (Line ⑤ - Line ⑥) = 00

Employer Health Tax Returns cannot be submitted to financial institutions



Please submit this return and applicable schedules to the Ministry of Revenue using the return envelope provided.

If you have a balance due, please make your cheque or money order in Canadian funds payable to the **Minister of Finance**.

If you have a refund due and would like to carry forward this amount to the 2010 tax year, please check the box marked **(B) Credit to 2010** on this return.

Please ensure that an authorized person signs the return. It is an offense to make a false statement in a return.

Enquiries 1 866 ONT-TAXS Fax 905 949-3389 Teletypewriter (TTY) 1 800 263-7776 (Ontario only)
1 866 668-8297 Internet ontario.ca/revenue

Use black or blue ink - Detach and return with payment



2009 EHT Annual Return

Ministry Use Only 1 2

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Legal Name	Business No.
This return covers the taxation period: 01-Jan-2009 to 31-Dec-2009	Due Date 15-Mar-2010
I certify that the information in this return is, to the best of my knowledge, true, correct and complete.	
Signature _____	Name (print) _____



- Total Ontario Remuneration
 - Exemption
 - Taxable Ontario Remuneration
 - Tax Rate
 - Total Tax Payable
 - 2009 Instalments Paid
 - Balance Due/Refund
 - Payment Amount
- (A) Associated Employer Yes No
(B) Credit to 2010 Yes

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