

# WAGE STATEMENT

Employee: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Claim #: \_\_\_\_\_

Date employed: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Job title: \_\_\_\_\_ Class code: \_\_\_\_\_

Number of dependents claimed on withholding statement: \_\_\_\_\_

**Starting with the week immediately preceding the date of injury, list gross wages paid in each of the previous 52 weeks. If no wages were paid during a week, please enter "none" under Gross Wages Paid.**

Week	Week Ending Mo/Day/Yr	Days Worked	Gross Wages Paid	Hourly Rate Per Week	Reg Hours Worked	Over Time Hours Worked	Over Time Rate	Commission	Vacation / Holiday Pay	Bonus Pay
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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26										

## WAGE STATEMENT CONTINUED

Employee: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Claim #: \_\_\_\_\_

Week	Week Ending Mo/Day/Yr	Days Worked	Gross Wages Paid	Hourly Rate Per Week	Reg Hours Worked	Over Time Hours Worked	Over Time Rate	Commission	Vacation / Holiday Pay	Bonus Pay
27										
28										
29										
30										
31										
32										
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50										
51										
52										

Total gross wages paid: \_\_\_\_\_ Number of weeks used in calculation: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.*