WAGE STATEMENT

Employee: _____   Employer: _____

Date of injury: _____   Claim #: _____

Date employed: _____   Social Security #: _____

Job title: _____   Class code: _____

	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 Ending Mo/Day/Yr	Gross Wages Paid		Week Ending Mo/Day/Yr	Gross Wages Paid
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			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.

mcim