



WAGE STATEMENT

Carrier NAIC #11042

Employee:	Employer:	Commission Number:
Social Security Number:	FEIN:	Carrier Claim #:

Week	# of Days Worked	Dates Covered	Date Paid	Straight Time		Overtime		Total	
				# of Hours Worked	Wages Paid	# of Hours Worked	Wages Paid	# of Hours Worked	Wages Paid
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
Total									

INSTRUCTIONS: For week 1, please provide wage information for the week prior to the employee's injury and follow with all preceding weeks. The number of days and hours for all straight time work must be provided in all cases. If the employee received any additional benefits such as room and board, rent, housing, lodging, and/or any other similar advantage, as well as gratuities received from other parties, please list this information below: