



WAGE STATEMENT

Carrier NAIC #11042

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

		Straight Time		Overtime				Straight Time		Overtime	
Week	# of Days Worked	# of Hours Worked	Wages Paid	# of Hours Worked	Wages Paid	Week	# of Days Worked	# of Hours Worked	Wages Paid	# of Hours Worked	Wages Paid
1						26					
2						27					
3						28					
4						29					
5						30					
6						31					
7						32					
8						33					
9						34					
10						35					
11						36					
12						37					
13						38					
14						39					
15						40					
16						41					
17						42					
18						43					
19						44					
20						45					
21						46					
22						47					
23						48					
24						49					
25						50					
26						51					
27						52					
Total						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: