



PO Box 945927  
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## WAGE STATEMENT

In order to determine with accuracy the average weekly wages in according with the provisions of the Workers' Compensation Law, please fill out and return.

This is to certify that I \_\_\_\_\_ am the \_\_\_\_\_  
(Name of Person Certifying) (Name of Office or Position Held)

of \_\_\_\_\_ of \_\_\_\_\_  
(Name of Employer) (Number, Street, City, Town)

employer of \_\_\_\_\_ injured on or about \_\_\_\_\_, 20\_\_\_\_\_  
(Name of Injured Person) (Month, Day, Year)

"A" I have examined the payroll of said employer and the following table shows the days worked and the wages earned by said \_\_\_\_\_ employed as a \_\_\_\_\_ during the period stated therein.

"B" I have examined the payroll of said employer and find that \_\_\_\_\_ the injured employee, did not work for said employer a substantial portion of the year before the accident.

The following table shows the days worked and the wages earned by \_\_\_\_\_ another employee of the same class employed by the same employer who did work a substantial part of such year in the same or similar employment.

Official Position: \_\_\_\_\_ Signed By: \_\_\_\_\_



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|                   | WEEK ENDING |     |      | Days Worked | Amount Paid Including Overtime |                    | WEEK ENDING |     |      | Days Worked | Amount Paid Including Overtime |
|-------------------|-------------|-----|------|-------------|--------------------------------|--------------------|-------------|-----|------|-------------|--------------------------------|
|                   | Month       | Day | Year |             |                                |                    | Month       | Day | Year |             |                                |
| 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                 |             |     |      |             |                                |
| <b>Total Paid</b> |             |     |      |             |                                | <b>Total Paid</b>  |             |     |      |             |                                |
| <b>Total Paid</b> |             |     |      |             |                                | <b>Total Gross</b> |             |     |      |             |                                |