



PO Box 71088, Charlotte, NC 28272-1088

**EMPLOYERS® WAGE REPORT**

It is necessary for us to determine the average weekly earnings of your employee named below who was injured in an accident while in your employment even though there may have been no loss of time from work. Please complete and return the wage report below, which is required by the worker' compensation law. You may provide a computer print out instead of this form.

Please fill in all wages paid to the employee during the 12 months before the accident, showing the number of days on which any work was done during each week, including part-time days. If the injured worker was not paid on a weekly basis explain fully, and give the earnings during the 52 weeks preceding the accident.

Week No.	Period End Date	Total Hours	Number of days worked	Gross Pay	Overtime Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					



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Week No.	Period End Date	Total Hours	Number of days worked	Gross Pay	Overtime Paid
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					
51.					
52.					

<b>Totals</b>					
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**Claim number:**  
**Employee Name:**

What number of hours was a normal full work day? \_\_\_\_\_

What number of days was a normal full work week? \_\_\_\_\_

Did the employee receive any premium, bonus, board or lodging from you in addition to the wages listed above?

\_\_\_\_\_  
\_\_\_\_\_

If yes, please explain amounts and basis. (ie merit based, profit sharing, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the employee married? \_\_\_\_\_

How many dependents under 18 does the employee have? \_\_\_\_\_

What is the employee's tax filing status? \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_