

**STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027**

1. REVISION DATE:
____ / ____ / ____ MM   DD   YYYY

2. WCB FILE NUMBER  
(REQUIRED):

**WAGE STATEMENT**

**EMPLOYEE**

3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER: (        )
12. DATE OF INJURY: ____ / ____ / ____ MM   DD   YYYY	13. SPECIFIC INJURY OR ILLNESS:			14. BODY PART(S) AFFECTED:

**EMPLOYER/INSURER**

15. INSURER FILE NUMBER:	16. EMPLOYER NAME:	17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		
18. INSURER NAME:	19. INSURER MAILING ADDRESS AND PHONE NUMBER:			

20. DOES EMPLOYEE WORK CONCURRENTLY?  YES  NO    IF YES, A WAGE STATEMENT MUST BE SUBMITTED FOR EACH EMPLOYER  
NAME(S) OF EMPLOYERS: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

21. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?  YES  NO  
IF YES: THE AVERAGE WEEKLY WAGE MUST BE RECALCULATED IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))

22. METHOD OF CALCULATION:  102(4)(A) – SALARIED  102(4)(C) – SEASONAL WORKER  
 102(4)(B) – VARYING WAGES  102(4)(D) – OTHER\*

\* NOTE: IF WAGES WERE CALCULATED USING SECTION 102(4)(D), YOU MUST SUBMIT COMPARABLE WAGES WITH THIS FILING AND PROVIDE A DETAILED EXPLANATION OF THE CALCULATION IN THE COMMENTS BOX.

**23. LIST GROSS EARNINGS FOR EACH WEEK:**

WK 1	WEEK ENDING	GROSS EARNINGS	WK 19	WEEK ENDING	GROSS EARNINGS	WK 37	WEEK ENDING	GROSS EARNINGS
2			20			38		
3			21			39		
4			22			40		
5			23			41		
6			24			42		
7			25			43		
8			26			44		
9			27			45		
10			28			46		
11			29			47		
12			30			48		
13			31			49		
14			32			50		
15			33			51		
16			34			<b>WK OF INJURY</b>		
17			35			<b>24. TOTAL EARNINGS</b>	<b>\$</b>	
18			36			<b>25. GROSS AVERAGE WEEKLY WAGE</b>	<b>\$</b>	

26. COMMENTS:

27. PREPARER'S FULL NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED):	28. TELEPHONE NUMBER (REQUIRED): (        ) TOLL-FREE NUMBER: (        )	29. DATE SENT TO WCB: ____ / ____ / ____ MM   DD   YYYY
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