

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

WAGE STATEMENT

1. REVISION DATE:

MM / DD / YYYY

2. WCB FILE NUMBER
(REQUIRED):

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			WK OF INJURY		
17			35			24. TOTAL EARNINGS \$		
18			36			25. GROSS AVERAGE WEEKLY WAGE \$		

26. COMMENTS:

27. PREPARER'S FULL NAME (REQUIRED):

E-MAIL ADDRESS (REQUIRED):

28. TELEPHONE NUMBER (REQUIRED):

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TOLL-FREE NUMBER:

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29. DATE SENT TO WCB:

MM / DD / YYYY