

WAGE STATEMENT

Provide the wage history for at least 52 weeks prior to the date of injury, not including the date of injury.

Claimant Name:

Date of Injury:

Claim #:

	Days Paid	Check Date	Net Wage	Gross Wage
Ex.	04/07/2017 - 05/07/2017	5/7/2017	\$ 1,750.00	\$ 2,500.00
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