



**Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, I-B  
Nashville, TN 37243-1002**

**FORM C-41**

**WAGE STATEMENT**

EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_ STATE FILE #: \_\_\_\_\_

Employer \_\_\_\_\_ Ins Claim # \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Please list the wages earned by the employee named above during each of the 52 weeks prior to date of injury, if applicable.

WEEK	WEEK ENDING	GROSS WAGES	WEEK	WEEK ENDING	GROSS WAGES
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>	

Date: \_\_\_\_\_ Name of Preparer and Title \_\_\_\_\_