



**Berkshire Hathaway GUARD**  
**P.O. Box 1368**  
**Wilkes-Barre, PA 18703-1368**  
**Toll-Free 800-673-2465**  
**FAX 570-825-0611**  
**www.guard.com**

Carrier: AmGUARD Insurance Company  
Claim #:   
Injured Worker:   
Policyholder: Kabuki Restaurants, Inc.  
Date of Loss:   
Claim Representative: Shawn Lentz

Injured Worker receives a:  
☐ W-2 ☐ 1099  
(Check one.)

May 30, 2025

## Wage Information Request

At this time, we need wage information to continue processing this claim. Please FAX this completed document or payroll records that contain this information to 570-825-0611 (using standard mail only when necessary).

**1. Fixed Wages** - List gross wages paid to the Injured Worker.

\$ \_\_\_\_\_ per: ☐ Year ☐ Month ☐ Week ☐ Day (days worked per week: \_\_\_\_ ) ☐ Hour (hours worked per week: \_\_\_\_ )

**2. Variable Wages** - Below, list the weekly variable wages, including tips, earned during the 12 months preceding the injury.

WEEK	FROM	TO	GROSS	WEEK	FROM	TO	GROSS
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			

### Other Information and Sources of Remuneration

Was any of the income in the year preceding the injury seasonal?

☐ Yes ☐ No

If yes: \$ \_\_\_\_\_

If yes, note the period(s) of time (attaching an additional sheet if necessary).

FROM \_\_\_\_\_ TO \_\_\_\_\_

Was any additional income earned from bonuses, incentives, etc.?

☐ Yes ☐ No

If yes: \$ \_\_\_\_\_

Was any board and/or lodging subsidized?

☐ Yes ☐ No

If yes: \$ \_\_\_\_\_

I am an authorized representative for the employer in this matter and certify the above information to be true and correct.

Signature

Position

Date