TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation



220 French Landing Dr. Nashville, Tennessee 37243-1002

WAGE STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

Employee:			SSN:		State	e File #		
				Date of In				
or the scl or paym or date or	hedule be nent of confermant of accider	elow and return ompensation can nt.	it promptly. The it promptly is the it is it is it is it.	nis inforr t has bee	nation is n receiv	s required by law ed. Please comp	ed party, please fi and no agreemer lete 52 weeks price	
		llowances of an ngs:	=	e in lieu o	of wages	that must be dee	emed a part of	
		eekly wage is no computation be		two weel	ks of ear	nings proceeding	g the date of injury	
WEEK	NO. DAYS	WEEK ENDING	GROSS WAGES	WEEK	NO. DAYS	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				
		Į.	<u> </u>			TOTAL PAID		
			ate per Hour		Avei	Average per Week		
			and correct account yee for the periods it		from our t	ime books or payrol	ll records, of the wage	
ate		20	-					
	Preparer of							
	ax, Email							
,	,							

LB-0384 (REV. 01/08) RDA 10183