



WORKERS' COMPENSATION COMMISSION

STATEMENT OF WAGE INFORMATION

The information below is provided pursuant to LE, §9-602(a)(2), Annotated Code of Maryland and COMAR 14.09.03.06. This form should be submitted before the consideration date or to provide updated wage information.

Employer's Name: \_\_\_\_\_
YEE Employer's Pwdgt: \_\_\_\_\_

\*Was this employee provided free rent, lodging, board, tips or other allowances in addition to the above earnings? If "yes", the weekly or bi-weekly value must be included in the "Other Allowances" Column.

When the employee is paid weekly, complete each row for the most recent 14 weeks where wages were paid. If paid alternate weeks please enter in the clear, even-numbered rows. If paid on any other schedule, please use the worksheet on page 2 to calculate the average weekly wage. If less than 14 weeks were worked by the employee, use the worksheet on page 2.

Table with 6 columns: Y ggm%, Y ggmGpf lpi, F c{ u'Y qtngf, I t qu'Y ci gu, Qvj gt'Cmy cpegu, Vqwn Co qwpvRck. Rows 1-14 and a TOTALS row.

TOTAL divided by number weeks worked (where wages are paid/indicated) 14 = Average Weekly Wage

I HEREBY CERTIFY that on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, service of the foregoing was made in accordance with COMAR 14.09.01.03.

SUBMITTED BY:

Name Signature
Company Title
Street
City State ZIP Code
Telephone Email address



WORKERS' COMPENSATION COMMISSION

STATEMENT OF WAGE INFORMATION

ECNEWNCVIQP'QH'CXGT'CI G'Y GGMN' 'Y CI G'Y J GP'ENCKO CPV

KURCF'OVJ GT'VJ CP'Y GGMN' 'OT'DKY GGMN'

\*O qpvj r'.'Ugo kO qpvj r'qt 'qyj gt.'e'wcej 'f gvcku#'

- A. Inclusive dates used in wage statement \_\_\_\_\_ to \_\_\_\_\_
- B. Number of days used in calculation \_\_\_\_\_  
(Minimum 98 days to capture 14 weeks)
- C. Gross wages \_\_\_\_\_  
(including overtime, free rent, lodging,  
board, tips & other allowances)
- D. Daily Rate (C ÷ B) \_\_\_\_\_

**Average Weekly Wage (D x 7)**