

WAGE STATEMENT---"MISSOURI"

EMPLOYEE: _____
 CLAIM #: _____
 EMPLOYER: _____
 DATE OF ACCIDENT: _____

Reported "Gross" Wages-- 13 Weeks "PRIOR" To Accident Date

Other/Codes: Vacation (V), Overtime Pay (OT), Bonus (B), Gratuities (G), Lodging (L)

Insurance: Health (H), Life (L), Dental (D), Vision (V), Other (O)

<u>GROSS WAGES</u>	<u>PAY PERIOD</u>	<u>*OTHER/Code</u>
WEEK 13: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 12: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 11: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 10: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 09: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 08: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 07: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 06: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 05: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 04: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 03: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 02: \$ _____ = _____	to _____	\$ _____ (____)
WEEK 01: \$ _____ = _____	to _____	\$ _____ (____)
TOTAL WAGES: \$ _____ / 13 WEEKS = \$ _____ = GROSS AWW		

SIGNED BY: _____ DATE: _____