

Send to workers' compensation carrier:  
 \_\_\_\_\_  
 (name of carrier)

TWCC # \_\_\_\_\_  
 CARRIER'S CLAIM # \_\_\_\_\_

Initial  Amended

## EMPLOYER'S WAGE STATEMENT

The Texas Workers' Compensation Act and Commission rules require an employer to provide an Employer's Wage Statement to its workers' compensation insurance carrier and the injured employee or the employee's representative, if any. The purpose of the form is to provide the employee's wage information to the insurance carrier for calculating the employee's average weekly wage to establish benefits due the employee or a beneficiary.

The average weekly wage is based on the wages the employee earned in the 13 weeks immediately preceding the date of injury (or the wage a similar employee earned if the employee did not work the full 13-week period). "Wages" include all forms of remuneration payable to an employee for personal services, including fringe benefits.

**See instructions below for filing this form.**

If an employee is disabled at least 8 days cumulatively, the employer shall file a signed completed wage statement with the insurance carrier and the employee within 30 days of the eighth day of disability.

An employer who fails without good cause to file a complete wage statement as required by the Texas Workers' Compensation Act, Texas Labor Code, Section 408.063(c) and Commission Rule 128.2 may be assessed an administrative penalty not to exceed \$500.00.

**Do not send this form to the Texas Workers' Compensation Commission unless requested.**

Send the completed Employer's Wage Statement to your workers' compensation carrier with a copy to the employee or the employee's representative, if any.

An amended wage statement must be filed with your carrier within 7 days after any fringe benefit is suspended. Check the "amended" box above.

### STEP ONE: EMPLOYER AND EMPLOYEE INFORMATION

1. Employee's Name (Last, First, M.I.)	5. Employer's Business Name
2. Employee's Mailing Address (Street or P. O. Box)	6. Employer's Mailing Address
City State ZIP Code	City State ZIP Code
3. Social Security Number	7. Federal Tax I.D. Number
4. Date of Hire	8. Date of Injury

9. Has employee returned to work?  NO  YES If yes, date \_\_\_\_\_  
 Check one of the following:  Full Duty, Full Pay  Reduced Pay  
 If required, also file Form TWCC-6, Employer's Supplemental Report of Injury.

10. Employee's Status (Check all that apply.)

<p><b>Full-time:</b> employee who regularly works at least 30 hours per week and whose schedule is comparable to other employees of the company and/or other employees in the same business or vicinity who are considered full-time.</p> <p><b>Seasonal:</b> employee who as regular course of conduct engages in seasonal or cyclical employment which may or may not be agricultural in nature and that does not continue throughout the year.</p> <p><b>Apprentice:</b> employee who is learning a skilled trade or art by practical experience under the direction of a skilled crafts person or artisan.</p>	<p><b>Part-time - Regular Course of Conduct:</b> employee whose work history for the 12-month period preceding the injury shows the person only worked part-time during that period.</p> <p><b>Student:</b> employee enrolled in a course of study in high school, college or other institute of higher education or technical training.</p> <p><b>Trainee:</b> employee undergoing systematic instruction and practice in some art, trade or profession with a view towards proficiency in it.</p>	<p><b>Part-time - Not Regular Course of Conduct:</b> employee whose work history for the 12-month period preceding the injury shows part-time and full time work during that period.</p> <p><b>Minor:</b> employee less than 18 years of age and not emancipated by marriage or judicial action who is also an apprentice, trainee or student.</p>
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**STEP TWO: SAME OR SIMILAR EMPLOYEE**

Employee's Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Injury \_\_\_\_\_

**The wage information on this form is for:**

**Injured Employee**

**Similar Employee** (If a dispute is raised, the employer must be able to identify the similar employee whose wages were provided on this form.)

If the employee worked for less than 13 weeks immediately preceding the date of injury, the employer must identify a similar employee who performs similar services. A similar employee is a person with training, experience, skills and wages that are comparable to the injured employee's. Similar services are tasks performed or services rendered that are comparable in nature and in the number of hours normally worked to those of the injured employee.

**STEP THREE: WAGE INFORMATION**

Provide all wage information in the boxes below. The wage information must be provided for each week in the 13 weeks immediately preceding the date of injury. Do not include the date of injury or any days after the date of injury. If no wages were paid during a week, place a zero (0) in boxes 11b and 11c.

**Instructions**

11a. Provide the beginning date and ending date for each of the 13 weeks preceding the date of injury.

11b. Provide the number of hours worked in each of the 13 weeks from 12:00 a.m. on the first day of the week through 11:59 p.m. the last day of the week.

11c. Provide the amount of money paid to the employee in each of the 13 weeks for the services provided. Include all actual money paid to the employee for time off for vacation leave, sick leave and holidays. Do not include the market value of leave time earned but not used.

**NOTE: To calculate the weekly amount for an employee who is paid once a month, divide the monthly gross wages by 4.34821 and place the weekly result in the appropriate box.**

11. WAGE INFORMATION				
Week No.	11a. WEEK		11b. HOURS PAID	11c. GROSS WEEKLY PAY
	FROM	TO		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Special attention must be given to an employee who earns a commission. The amount of any commission should be listed in the week it was earned, not the week the employee actually received the money. Wages for each week should also include all tips and gratuities received by the injured employee or a similar employee. An annual bonus received during the 13-week period immediately preceding the date of injury should be prorated over a 52-week period to correctly calculate the employee's average weekly wage.

## STEP FOUR: FRINGE BENEFITS

In Box 12 below, list all fringe benefits provided to the employee for personal services in each of the 13 weeks preceding the injury. Place a check in Box 12a to indicate whether the fringe benefit was paid. If the answer is yes, list the value or cost of that benefit during the specific week in Box 12b.

Employee's Name _____
Social Security # _____ Date of Injury _____

<p><b>PAYMENTS CONSIDERED A FRINGE BENEFIT</b></p> <p><b>Health Insurance Premiums:</b> money paid by employer for employee's health insurance</p> <p><b>Laundry/Cleaning:</b> money paid by employer or fair market value of laundry or cleaning services</p> <p><b>Clothing/Uniforms:</b> money paid by employer or fair market value of clothing or uniforms provided by employer</p>	<p><b>Lodging/Housing/Rent:</b> money paid by the employer or fair market value of the same items in the local area</p> <p><b>Food/Meals:</b> actual cost provided by the employer</p> <p><b>Vehicle/Fuel Allowance:</b> regular allowance provided from which an employee pays for transportation or fair market value</p> <p><b>Bonus:</b> bonus money earned or accrued by employee during the 13-week period (Prorate for a 52-week period.)</p>	<p><b>PAYMENTS NOT CONSIDERED A FRINGE BENEFIT OR A WAGE</b></p> <ul style="list-style-type: none"> <li>● money paid by employer for a short or long term disability</li> <li>● per diem reimbursement for lodging, food, etc.</li> <li>● employer payment of unemployment taxes</li> <li>● employer payment for workers' compensation insurance</li> </ul>	<ul style="list-style-type: none"> <li>● market value of accrued but not paid vacation/sick leave</li> <li>● payment made by employer to reimburse employee for use of employee's equipment</li> <li>● reimbursement for actual work-related travel expenses</li> <li>● payment made by employer to reimburse employee for paying helpers</li> </ul>
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### 12. FRINGE BENEFITS

TYPE OF BENEFIT	12a. EMPLOYER PROVIDED		12b. IF YES, VALUE OR AMOUNT PAID IN EACH WEEK PRIOR TO INJURY													12c. EMPLOYER WILL CONTINUE TO PROVIDE		12d. DATE BENEFIT SUSPENDED (actual or projected)*
	NO	YES	1	2	3	4	5	6	7	8	9	10	11	12	13	YES	NO	
HEALTH INSURANCE																		
LAUNDRY/CLEANING																		
CLOTHING/UNIFORMS																		
LODGING/HOUSING/RENT																		
FOOD/MEALS																		
VEHICLE/FUEL ALLOWANCE																		
BONUS																		
OTHER																		

\*IF A FRINGE BENEFIT IS IDENTIFIED as being continued, and the employer later suspends that benefit, the employer must file an amended *Employer's Wage Statement* with the insurance carrier within 7 days reporting the date of suspension. Check the box at the top of page 1 indicating that it is an amended form.

**STEP FIVE: SIGN THE FORM**

Employee's Name _____
Social Security # _____ Date of Injury _____

13. I HEREBY CERTIFY THAT THIS STATEMENT is complete, accurate, and complies with the Texas Workers' Compensation Act and applicable rules, and that wages listed in Box 12 include the fair market value of all fringe benefits provided. Furthermore, the weekly value of all fringe benefits provided after the date of injury is listed above. **An amended Wage Statement will be filed with the insurance carrier within 7 days after any fringe benefits are suspended.**

Printed name and title of person completing this form \_\_\_\_\_

Signature \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

References: Texas Workers' Compensation Act, Texas Labor Code 401.011(43), 408.041 - 408.046, 408.063; Rules in Chapters 128 and 129

**The box below is for the optional use of the insurance carrier to assist in the calculation of the Average Weekly Wage (AWW) and the Temporary Income Benefits (TIBs) and Impairment Income Benefits (IIBs) Rates.**

FOR CARRIER USE ONLY

Total Gross Wages = Total of 13 weeks of gross weekly wages from section 11c: \$ \_\_\_\_\_

Total Fringe Wages = Total value of 13 weeks of fringe benefits from section 12: \$ \_\_\_\_\_

Total Hours Worked = Total hours worked during 13 weeks from section 11b: \_\_\_\_\_

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ + \$ \_\_\_\_\_  
 Total Wages Total Gross Wages Total Fringe Wages

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ ÷ 13  
 AWW Total Wages

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ ÷ \_\_\_\_\_  
 Hourly Rate Total Wages Total Hours Worked

**Weekly Benefit Rates:**

\$ \_\_\_\_\_ = (70% or 75%)\* X (\$ \_\_\_\_\_ - \$ \_\_\_\_\_)  
 TIBs Rate AWW Post Injury Earnings\*\*

\*If Hourly Rate = \$8.49 or less, use 75% for first 26 weeks; otherwise use 70%. \*\*Post Injury Earnings include both wages and fringe benefits received after the injury.

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ X 70%  
 IIBs Rate AWW