7265 Halcyon Summit Drive
Montgomery, AL 36117-3502
P.O. Box 240549 | 36124-0549
(800) 239-5423
alabamaretail.org

WAGE STATEMENT

Employer's (Company's) Full Legal Name: _____

Employer's Federal Tax Identification #: _____ Claim Number: _____

Claimant's Name: _____ Claimant's SS#: _____

Date of Employment: _____ Date of Injury: _____

Federal Tax Identification # under which claimant's wages are reported at year end:

- Are claimant's year end wages reported on a 1099? ☐ YES ☐ NO
- Are claimant's year end wages reported on a W2? ☐ YES ☐ NO

Does claimant work primarily inside the State of Alabama? ☐ YES ☐ NO

Claimant's Job Title & Job Description: _____

Please fill out claimant's wage information below:

	Pay Date	Pay Period From/To Dates		Gross Wages		Pay Date	Pay Period From/To Dates		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				

Total Wages Column 1: $ 0.00 ***Total Wages Column 2:*** $ 0.00

Grand Total of Wages: $ 0.00

**List the Amount of the employer's portion of health insurance premium paid for this employee: _____

**List the Amount of the employer's portion of life insurance paid for this employee: _____

**List the Amount of the employer's portion of disability insurance premium paid for this employee: _____

**Will Benefits be continued? ☐ YES ☐ NO

I certify that the above-named claimant receives wages from the Employer with the Federal Tax Identification Number listed above and all information is true and accurate.

Signature _____ Print Name _____ Title _____ Date _____

Phone Number _____ Email Address _____