ALABAMARETAIL COMP

Service - Strength - Stability

7265 Halcyon Summit Drive
Montgomery, AL 36117-3502
P.O. Box 240549, 36124-0549
Toll-free 800.239.5423
Claims Fax 334.263.1976
Email claims@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					2				
3					4				
5					6				
7					8				
9					10				
11					12				
13					14				
15					16				
17					18				
19					20				
21					22				
23					24				
25					26				
27					28				
29					30				
31					32				
33					34				
35					36				
37					38				
39					40				
41					42				
43					44				
45					46				
47					48				
49					50				
51					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 _____

FOR ARC USE ONLY

AWW _____

COMP RATE _____