

CLAIMANT NAME \_\_\_\_\_

LAST 4 OF SSN \_\_\_\_\_

EARNINGS FOR WEEK ENDING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER STREET ADDRESS \_\_\_\_\_

EMPLOYER CITY, STATE, ZIP \_\_\_\_\_

### Wage Calculation Worksheet

You must accurately provide Gross Wages for the services performed for this employer last week - even if you have not yet been paid these wages.

Gross Wages (or pay) is the total money you get before taxes or other deductions are subtracted from your salary. Your gross pay is NOT usually the same as your net pay, especially if you must pay taxes and other deductions.

\* How are you paid by  this employer? *Please select all that apply*

- Hourly Wages: I am paid based on the number of hours worked
- Fixed salary per pay period: I am paid a fixed gross amount per pay period
- Commissions: I am paid a commission based on the completion of certain activities
- Tips: My customers tip me for services provided
- Other forms of payment: Such as: Stipend, Room and Board, etc.
- I will never receive any monies for the hours that I have worked for this employer

Normal Hourly Rate: \$  Hours worked at this rate:  Wages: \$  0

Special Hourly Rate, if any: \$  Hours worked at this rate:  Wages: \$  0

*(Overtime, night shift, etc.)*

Fixed Salary per pay period: \$  Pay Period (Frequency):  Wages: \$  0

Please complete the following based on what you earned last week -even if you have not yet been paid these wages.

Commissions: \$  Tips: \$  Other Wages: \$  - Describe:

\* Have you provided all details of your work and earnings for this employer for last week?

- Yes
- No - I am not sure how many hours I have worked or how much I earned. Please discard the information provided on this page.

\* Are you still employed by this employer?  Yes  No

If NO, briefly explain why.