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State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
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September 17, 2002

INSURER
STREET
CITY STATE ZIP

WC CLAIM NO: 9999-999999
INJURY DATE: 99/99/99
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: EMPLOYER NAME
INSURER NO: 99999999999999

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

We received wage information that indicates that the average weekly wage used for computing the TTD/PPD rate(s) may be incorrect. Please submit the following information for verification of the correct average weekly wage:

A week-by-week listing of gross taxable earnings for the 52-week period starting immediately prior to the week in which the injury occurred. Include earnings for overtime, bonuses, incentive or performance pay, commissions and all other taxable earnings *excluding tips*. If this employee received tips, send a week-by-week list of tips reported

If the employee worked for this employer less than 52 weeks prior to the week of injury, list earnings from the date of hire.

If you do not reply to this request for wage information within 30 days, we may assess a forfeiture of \$100 in accordance with section 102.35(1) of the Worker's Compensation Act.

Please contact a Wage Analyst at the numbers below if you have questions or need help.

Thank you for your assistance in assuring correct compensation payments.

WC Wage Analyst
608-261-6532 or 608-266-3264

WC45P (05/2002)