

Week Ending: ____ / ____ / ____

Wage Statement

Employee: _____

Name and Address of Employer:

Phone Number of Employer: (____) ____ - _____

Hours Worked: _____ Rate: _____

Units Produced: _____ Rate: _____

State size or weight of piece rate unit: _____

Money Wages: _____

Meal Allowance: _____

Lodging Allowance: _____

Payments in Kind (specify): _____

Total Wages*: _____

Gross Wages: _____

Social Security: _____ - _____ - _____

Other withholdings (specify): _____

Net Wages: _____

*Total wages divided by hours worked must equal or exceed current minimum wage.