


**Division of Workers'  
Compensation**

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:

DWC claim #

Insurance carrier claim #

## Employer's wage statement

### Section 1: Injured employee information

<b>1. Name</b> (first, middle, last)	<b>2. Social Security number</b> (last four digits) XXX-XX-
<b>3. Address</b> (street or PO Box, city, state, ZIP code)	<b>4. Phone number</b>
<b>5. Date of injury</b> (mm/dd/yyyy)	<b>6. Date of hire</b> (mm/dd/yyyy)
<b>7. First day of missed work</b> (mm/dd/yyyy)	<b>8. Returned to work on</b> (mm/dd/yyyy) <input type="checkbox"/> <b>Has not returned to work</b>

### Section 2: Employer information

<b>9. Name</b>	<b>10. Address</b> (street or PO box, city, state, ZIP code)
<b>11. Phone number</b>	<b>12. Federal tax ID number</b>
<b>13. Printed name</b> (person submitting form)	<b>14. Job title</b> (person submitting form)

### Section 3: Employment status at the time of injury

15. Check all that apply:

<input type="checkbox"/> <b>Full-time:</b> The employee regularly works 30 hours or more per week.
<input type="checkbox"/> <b>Part-time regular course of conduct:</b> The employee regularly works less than 30 hours per week.
<input type="checkbox"/> <b>Part-time not regular course of conduct:</b> The employee's work history for the 12-month period before the date of injury shows part-time and full-time work.
<input type="checkbox"/> <b>Seasonal:</b> The employee does temporary work to meet the employer's needs during certain times of the year.
<input type="checkbox"/> <b>Apprentice:</b> The employee is learning a new skilled trade by on-the-job training and studies.
<input type="checkbox"/> <b>Minor:</b> The employee is under 18 years of age and not married or emancipated by court action.
<input type="checkbox"/> <b>Student:</b> The employee is enrolled in a course of study (such as high school, college, or technical training).
<input type="checkbox"/> <b>Trainee:</b> The employee is being trained for the job they were originally hired to do.

**Section 4: Wages and Benefits** (complete parts one and two)

**Part 1: Wage information**

16. The wage information on this form is for  the injured employee **or**  a similar employee.

<b>17. Salary amount</b> (if applicable)  \$	<b>18. Hourly rate</b> (if applicable)  \$	<b>19. Daily pay</b> (if applicable)  \$	<b>20. Other</b> (if applicable)  \$
---	---	---	---

Week	21. Number of hours worked	22. Pay period dates (mm/dd/yyyy-mm/dd/yyyy)	23. Gross wage amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
<b>24. Total gross wages</b>			

**Part 2: Nonpecuniary wage information** (paid by employer only for injured employees)

List the amount of nonpecuniary wages in each pay period before the date of injury. Nonpecuniary wages are noncash benefits such as education fees or uniforms. Don't include cash allowances or stipends paid to allow the employee to purchase benefits. Those should be included as wages in box 20.

Pay Period Week	25. Nonpecuniary wages – check all provided:							
	a. Health insurance <input type="checkbox"/>	b. Laundry/cleaning <input type="checkbox"/>	c. Clothing/uniforms <input type="checkbox"/>	d. Lodging/housing <input type="checkbox"/>	e. Food/meals <input type="checkbox"/>	f. Vehicle/fuel <input type="checkbox"/>	g. Professional licenses <input type="checkbox"/>	h. Other <input type="checkbox"/>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

**26. Check if continued after date of injury:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**27. Date ended** (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--

**28. Certify with your signature.**

I certify the information provided in this form is true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## FAQ

### Employer's wage statement

#### When must an employer file the DWC Form-003, *Employer's Wage Statement*?

An employer must file the completed form with the insurance carrier, the injured employee, and the injured employee's representative (if any) within 30 days from the earliest of:

- the date the employer is notified that the employee is entitled to income benefits; or
- the date the employee's death is a result of the injury (compensable); and
- within seven days from getting a request from the Texas Department of Insurance, Division of Workers' Compensation (DWC).

**Note:** An employer who fails to timely file a complete wage statement without good cause, as required by Texas Labor Code Section 408.063(c) and 28 Texas Administrative Code (TAC) Section 120.4(a), may be fined.

#### How do I report wages?

Report all wages **paid in the 13 weeks before the date of injury** according to the employee's pay period. Employers may report 14 weeks if paid biweekly or three months if paid monthly. In all cases, list the dates that each period covers.

- If the employee was **not employed for 13 weeks** before their injury, report wages of an employee who has the training, experience, skills, same pay, and same number of hours.
- If **no similar employee exists**, report all wages the injured employee earned before the injury (28 TAC Section 120.4).

#### Do I have to report non-pecuniary benefits?

Report all benefits paid to the employee in **a form other than money**. This includes, but is not limited to, the benefit categories listed in Section 4, Part 2.

#### What if my employee has multiple jobs?

The injured employee will submit the DWC Form-003ME, *Employee's Multiple Employment Wage Statement* to their other employer. The injured employee will submit the completed form to the insurance carrier (28 TAC Section 122.5).

#### What is average weekly wage?

The gross average amount of money the employer paid the injured employee each week in the 13 weeks before the injury or illness.

#### Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to [www.tdi.texas.gov/wc](http://www.tdi.texas.gov/wc) to learn more about workers' compensation.

**Note:** With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact [DWCLegalServices@tdi.texas.gov](mailto:DWCLegalServices@tdi.texas.gov) or go to the Corrections Procedure section at [www.tdi.texas.gov](http://www.tdi.texas.gov).