

DWC Form-003

Employer's Wage Statement



Learning objectives



When to file the wage statement.



How the wage statement is used.



Required information on the wage statement.

Filing out the wage statement

File with your insurance carrier when:

- Employee is entitled to income benefits.
- There is a work-related death.

You also need to file when:

- Requested by DWC.
- There is a change in wage information.

28 Texas Administrative Code Rule §120.4(a)(1)-(3) and Texas Labor Code §408.063(c)

How insurance carriers use the wage statement

- Determining the average weekly wage (AWW).
- Calculating income benefits.

How DWC uses the wage statement

- Customer service.
- Dispute resolution.
- Compliance.

28 TAC Rule §120.4(a)(3)

Completing the employer's wage statement

DWC Form-003



Employee and employer information

DWC003



Complete if known:

DWC claim #

Insurance carrier claim #

Employer's wage statement

Section 1: Injured employee information

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

Must include all fields.

Section 2: Employer information

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

Employment status

7. First day of missed work (mm/dd/yyyy)	8. Returned to work on (mm/dd/yyyy) <input type="checkbox"/> Has not returned to work

Section 2: Employer information

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

Section 3: Employment status at the time of injury

15. Check all that apply:

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

Must select
all that
apply.



Wage information

Trainee: The employee is being trained for the job they were originally hired to do.

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DWC003

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.

17. Salary amount (if applicable)	18. Hourly rate (if applicable)	19. Daily pay (if applicable)	20. Other (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			

Must include:

- Pecuniary (money).
- [28 TAC Rule §128.1\(1\)](#).
- [28 TAC Rule §128.3\(e\)-\(g\)](#).
- [Labor Code §408.041](#).

Nonpecuniary wage information



DWC003

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.

25. Nonpecuniary wages – complete below:

Pay Period Week	a. Health insurance		b. Laundry/cleaning		c. Clothing/uniforms		d. Lodging/housing		e. Food/meals		f. Vehicle/fuel		g. Professional licenses		h. Other	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Must include:

- Nonpecuniary – health insurance, company car, etc.
- [28 TAC Rule §128.1.](#)

Pecuniary wages

DWC003

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.

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

Week	21. Number of hours worked	22. Pay period dates <small>(mm/dd/yyyy-mm/dd/yyyy)</small>	23. Gross wage amount
1	40	01/04/2023 - 01/10/2023	\$800
2	40	01/11/2023 - 01/17/2023	\$800
3	40	01/18/2023 - 01/24/2023	\$800
4	40	01/25/2023 - 01/31/2023	\$800
5	40	02/01/2023 - 02/07/2023	\$800
6	40	02/08/2023 - 02/14/2023	\$800
7	40	02/15/2023 - 02/21/2023	\$800
8	40	02/22/2023 - 02/28/2023	\$800
9	40	03/01/2023 - 03/07/2023	\$800
10	40	03/08/2023 - 03/14/2023	\$800
11	40	03/15/2023 - 03/21/2023	\$800
12	40	03/22/2023 - 03/28/2023	\$800
13	40	03/29/2023 - 04/04/2023	\$800
14			
24. Total gross wages			\$10,400

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Nonpecuniary wages

DWC003

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.

25. Nonpecuniary wages – complete below:

Yes	No	a. Health insurance	b. Laundry/cleaning	c. Clothing/uniforms	d. Lodging/housing	e. Food/meals	f. Vehicle/fuel	g. Professional licenses	h. Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Pay Period Week									
1	\$50								
2	\$50								
3	\$50								
4	\$50								
5	\$50								
6	\$50								
7	\$50								
8	\$50								
9	\$50								
10	\$50								
11	\$50								
12	\$50								
13	\$50								
14	\$50								

26. Check if continued after date of injury:

<input type="checkbox"/>							
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27. Date ended (mm/dd/yyyy)

04/05/2023			
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28. Certify with your signature.

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

Signature _____ Date _____

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28 TAC Rule §120.4(a)(2)

Bi-weekly employee

DWC003

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.

17. Salary amount (if applicable)	18. Hourly rate (if applicable)	19. Daily pay (if applicable)	20. Other (if applicable)
\$	\$	\$	\$

Week	21. Number of hours worked	22. Pay period dates (mm/dd/yyyy-mm/dd/yyyy)	23. Gross wage amount
1	80.00	01/13/2024 - 01/26/2024	\$3,250.72
2	84.00	01/27/2024 - 02/09/2024	\$3,490.20
3	80.00	02/10/2024 - 02/23/2024	\$3,250.72
4	99.00	02/24/2024 - 03/08/2024	\$4,388.25
5	89.00	03/09/2024 - 03/22/2024	\$3,789.55
6	80.00	03/23/2024 - 04/05/2024	\$3,250.72
7	81.00	04/06/2024 - 04/19/2024	\$3,310.59
8			
9			
10			
11			
12			
13			
14			
24. Total gross wages			\$24,730.75



Salary employee

DWC003

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.

17. Salary amount (if applicable)	18. Hourly rate (if applicable)	19. Daily pay (if applicable)	20. Other (if applicable)
\$ 3,776.89	\$ 21.79	\$ 174.31	\$ 0.00

Week	21. Number of hours worked	22. Pay period dates (mm/dd/yyyy-mm/dd/yyyy)	23. Gross wage amount
1	176.00	11/01/2022 - 11/30/2022	\$3,776.89
2	176.00	12/01/2022 - 12/31/2022	\$3,797.66
3	160.00	01/01/2023 - 01/31/2023	\$160.00
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
24. Total gross wages			\$7,734.55



Certification

Must include:

- Certification.
- [28 TAC Rule §120.4\(b\)\(8\)](#).

7								
8								
9								
10								
11								
12								
13								
14								
26. Check if continued after date of injury:								
	<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 _____		

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Completing the employer's wage statement for school districts

DWC Form-003SD



Employment status

7. First day of missed work (mm/dd/yyyy)	8. Returned to work on (mm/dd/yyyy) <input type="checkbox"/> Has not returned to work
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Section 2: Employer information

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

Must select all that apply.

Section 3: Employment status at the time of injury

15. Was the employee working through the entire calendar year (including summer)? Yes No
If no, what were the dates and the number of days or months the employee was scheduled to work in the current school year? From (mm/dd/yyyy) to (mm/dd/yyyy), which requires the employee to work days or months.

16. Check all that apply:

Contract employee: The employee is paid for the number of days or months worked based on a written contract.

Total gross amount (including stipends): \$

Salary non-contract employee: The employee is paid a set salary per month or year.

Hourly non-contract employee: The employee is paid on an hourly basis.

Daily non-contract employee: The employee is paid by the day.

Other non-contract employee: (explain)



Non-contract employees

Other non-contract employee. (explain)

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DWC003SD

Section 4: Earned wage information

Part 1: Non-contract employees only

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

18. Salary amount (if applicable)	19. Hourly rate (if applicable)	20. Daily pay (if applicable)	21. Other (if applicable)
\$	\$	\$	\$

22. Wages were earned: Weekly Biweekly Monthly

Week	23. Number of hours worked	24. Earned wage period (mm/dd/yyyy-mm/dd/yyyy)	25. Gross wage amount
1			
2			
3			
4			
5			
6			
7			
8			
9			

Must include:

- Pecuniary (money).
- [28 TAC Rule §120.4.](#)

Annual wage information

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DWC003SD

Part 2. Annual wage information (all employees)

Month	27. Earned wage period (mm/dd/yyyy-mm/dd/yyyy)	28. Gross wage amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
29. Total gross wages		\$

Must include:

- Annual wages.
- [28 TAC Rule §120.4.](#)

Applies to all employees.

30. Certify with your signature.

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

Signature _____ Date _____

Example of complete Form-003SD

DWC003SD

Section 4: Earned wage information

Part 1: Non-contract employees only

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

18. Salary amount <small>(if applicable)</small>	19. Hourly rate <small>(if applicable)</small>	20. Daily pay <small>(if applicable)</small>	21. Other <small>(if applicable)</small>
\$	\$ 24.15	\$	\$

22. Wages were earned: Weekly Biweekly Monthly

Week	23. Number of hours worked	24. Earned wage period <small>(mm/dd/yyyy-mm/dd/yyyy)</small>	25. Gross wage amount
1	140.42	11/01/2022 - 11/30/2022	\$3,696.94
2	159.42	12/01/2022 - 12/31/2022	\$3,362.64
3	157.67	01/01/2023 - 01/31/2023	\$3,429.31
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
26. Total gross wages			\$10,488.89

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DWC003SD

Part 2. Annual wage information (all employees)

Month	27. Earned wage period <small>(mm/dd/yyyy-mm/dd/yyyy)</small>	28. Gross wage amount
1	02/01/2022 - 02/28/2022	\$3,005.53
2	03/01/2022 - 03/31/2022	\$2,925.49
3	04/01/2022 - 04/30/2022	\$3,601.18
4	05/01/2022 - 05/31/2022	\$2,851.18
5	06/01/2022 - 06/30/2022	\$2,851.15
6	07/01/2022 - 07/31/2022	\$120.07
7	08/01/2022 - 08/31/2022	\$4,010.80
8	09/01/2022 - 09/30/2022	\$3,121.30
9	10/01/2022 - 10/31/2022	\$3,437.56
10	11/01/2022 - 11/30/2022	\$3,696.94
11	12/01/2022 - 12/31/2022	\$3,362.64
12	01/01/2023 - 01/31/2023	\$3,429.31
29. Total gross wages		\$34,13.18

30. Certify with your signature.
I certify the information provided in this form is true and correct.

Signature John Smith Date 01/01/2024

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Certification

Must include:

- Certification.
- [28 TAC Rule §120.4\(b\)\(8\)](#).

2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
29. Total gross wages		\$

30. Certify with your signature.

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

Signature _____ Date _____

Calculating AWW

TDI Division of Workers'
Compensation

Example of AWW for a full-time employee

AWW calculation for a full-time employee (works at least 30 hours per week):

13 weeks wage at \$824.23/wk. = **\$10,714.99**

Plus:

Health Insurance Premium:

(\$82 /wk. x 13) = **\$1,066**

\$10,714.99 + \$1,066 = **\$11,780.99**

Average weekly wage = **\$11,780.99 / 13 weeks = \$906.23/wk.**

Multiple employment

If you had more than one job when you were hurt, you can report those wages as well. Your insurance carrier can include these wages from another employer if your injury keeps you from working.

Here are examples of how your AWW would be calculated for multiple employment:

AWW calculation - multiple employment:

Claim employer AWW: **\$700**, non-claim employer AWW (can be part-time): **\$300** (you cannot include other pay for this employer such as health insurance, car allowance, or dry cleaning)

Add all the AWWs together:

\$700 + \$300 = \$1,000 = multiple employment AWW

Examples of AWW for school district employees

1 - Sample school district - written contract based on months worked

Amount of Contract: **\$45,000/yr.**

Contract based on: 9 months of work

Calculation of AWW for TIBs based on this contract:

$\$45,000 / 9 = \mathbf{\$5,000}$ monthly amount

$\$5,000 / 4.34821$ (average number of weeks in a month per year) = **\$1,149.90** (AWW for TIBs)

Calculation of AWW for benefits other than TIBs based on this contract:

$\$45,000 / 50 = \mathbf{\$900}$ (AWW)

2 - Sample school district - written contract paid based on number of days worked

Amount of Contract: **\$45,000/yr.**

Contract based on 189 days

Calculation of AWW for TIBs based on this contract:

$\$45,000 / 189 = \mathbf{\$238.09}$ (daily amount)

$\$238.09 \times 5$ (days worked a week) = **\$1,190.45** (AWW for TIBs)

Calculation of AWW for benefits other than TIBs based on this contract:

$\$45,000 / 50 = \mathbf{\$900}$

Apply the maximum compensation rate of **\$541** (AWW)

Highlights

- ✓ File timely.
- ✓ Report changes.
- ✓ Communication.
- ✓ Completion and accuracy.
- ✓ Compliance.

Related law and rule references

<u>Labor Code</u> <u>§408.063(b)-(c)</u>	<u>Labor Code</u> <u>§408.041(b)-(c)</u>	<u>28 TAC §120.4</u>	<u>28 TAC §128</u>
<p>Employer's Wage Statement filing timeframe</p> 	<p>Same or similar, fair and just</p> 	<p>Employer's Wage Statement</p> 	<p>Average weekly wage</p> 

Resources

On the DWC website you'll find:

- Employer resources.
- DWC forms.
- Educational videos.
- Workers' compensation glossary.



A screenshot of the Texas Department of Insurance (TDI) website. The header features the TDI logo and the text 'Texas Department of Insurance'. Below the header is a navigation menu with tabs for 'Insurance', 'State Fire Marshal', and 'Workers' Compensation'. The 'Workers' Compensation' tab is active. The main content area includes a banner for 'Workplace Safety Consultations' with a photo of two workers in safety gear. Below the banner is a section titled 'Employer resources' with a sub-header 'Employers without workers' compensation insurance coverage' and a list of bullet points. To the right are sections for 'Employers with workers' compensation insurance coverage' and 'Safer workplaces'. At the bottom, there are sections for 'Resources', 'How a claim works', and 'News'. The website is enhanced by Google and has a search bar in the top right corner.

Contact us



Customer Service Line
800-252-7031, option 1