EMPLOYEE'S QUARTERLY REPORT OF EARNINGS

You must submit this Report to your workers' compensation insurer within 14 days. Your workers' compensation benefits may be suspended if you do not timely submit this Report. You would be entitled to all suspended benefits after this report is provided to your Insurer, if you are otherwise eligible for benefits.

You do not have to file this report if you have timely filed all necessary LWC-WC-1020 forms, or if you have only received medical benefits.

DO NOT leave any blanks on this Report. Print or type all responses, and use N/A (not applicable) or -0- (zero) where appropriate.

1. The information in this Report is true for the period beginning _____ , 20 _____ and ending _____ _____ , 20 _____ .

2. The name and address of the employer that I am receiving benefits from is: _____ _____

3. Did you work for this employer in the past quarter? _____
   If yes, how much were your gross wages? $ _____

4. Did you work for any other employer in the past quarter? _____ If yes, the name and address of the employer is _____
   If yes, how much were your gross wages? $_____

5. Did you have any earnings through self employment in the past quarter? _____ If yes, how much? $ _____

6. Did you receive any unemployment compensation benefits in the past quarter? _____ If yes, how much? $_____

7. I received $ _____ in old age benefits under Title II of the Social Security Act.

8. I received $ _____ in Social Security Disability Benefits or other disability benefits.

EMPLOYEE CERTIFICATION

I certify that I can read the English language, that I have this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my answers are complete and true, and certify my compliance with the Louisiana Workers' Compensation Act.

PRINT NAME	SIGNATURE	SOCIAL SECURITY NUMBER

ADDRESS	CITY	STATE / ZIP	PHONE NUMBER

EMPLOYER NAME	DATE

LWC-WC-1026
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