



State of Tennessee
Department of Labor and Workforce Development
Division of Workers' Compensation
220 French Landing Drive
Nashville, Tennessee 37243-0661
1-800-332-2667
Fax: (615) 741-9916

FORM C-41 WAGE STATEMENT

Pursuant to T.C.A. Section 50-6-201 (c), an insurance carrier, employer or self-insured employer shall file a wage statement on a Form C-41, Wage Statement, a form prescribed by the Tennessee Department of Labor & Workforce Development, Workers' Compensation Division. The Form C-41 must be properly completed and filed with the Division within thirty (30) calendar days of the notice of the injury if one of the following occur:

- If the injured worker suffers a work-related injury that results in the employee not returning to work within seven (7) days after the accident
- If the work-related injury results in death
- If the work-related injury results in permanent impairment

The wage statement will detail the injured worker's wages for the 52 weeks prior to the injury. However, if the employee did not work 52 weeks prior to the injury with the employer, the wage statement must reflect all wages earned and the applicable number of weeks that the employee worked for the employer. In addition, those particular claims require that the specific fields, RATE PER DAY, PER HOUR and AVERAGE PER WEEK be completed accurately.

Effective July 1, 2007, the Workers' Compensation Division will no longer accept printouts, adding machine tapes or any other attachments to the Form C-41 Wage Statement. It is most important that the **Employee's name, Social Security number, State File number, Insurer Claim number and Date of injury** fields be filed out accordingly on each wage statement submitted to the Division. The itemized weekly gross wages should be totaled and the resulting Average per week computed.

Incomplete Form C-41 wage statements will not be accepted by the Division and will be returned to the insurance carrier, employer or self-insured. The latest version of the Form C-41 wage statement is available online at the Workers' Compensation homepage, at <http://www.state.tn.us/labor-wfd/forms/c41.pdf>

Upon approval by the Division, the C-41 can be replicated with other software which would allow for the form to be computer generated. It is important that the location/positions of the data fields are not modified or deleted. For approval, send the form to Bonnie.Hudgens@state.tn.us or fax the form to (615) 532-1942.

SAH/bjh
March 2007