STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. REVISION DATE: _____/_____/_____ MM DD YYYY

WAGE STATEMENT COMPARABLE

2. WCB FILE NUMBER (REQUIRED):

Name of Injured Worker:

(do not list name of comparable employee)

Date of Injury: Insurer File Number:

Comparable

IS THIS COMPARABLE USED IN THE WAGE CALCULATION? PLEASE EXPLAIN. ☐ YES ☐ NO

22. METHOD OF CALCULATION:
☐ 102(4)(A) – SALARIED
☐ 102(4)(B) – VARYING WAGES
☐ 102(4)(C) – SEASONAL WORKER
☐ 102(4)(D) – OTHER

23. LIST GROSS EARNINGS FOR EACH WEEK:

WK 1	WEEK ENDING	GROSS EARNINGS	WK 19	WEEK ENDING	GROSS EARNINGS	WK 37	WEEK ENDING	GROSS EARNINGS
2			20			38		
3			21			39		
4			22			40		
5			23			41		
6			24			42		
7			25			43		
8			26			44		
9			27			45		
10			28			46		
11			29			47		
12			30			48		
13			31			49		
14			32			50		
15			33			51		
16			34			**WK OF INJURY**		
17			35			**24. TOTAL EARNINGS $**		
18			36			**25. GROSS AVERAGE WEEKLY WAGE $**		

26. COMMENTS:

27. PREPARER'S FULL NAME:	28. TELEPHONE NUMBER:	29. DATE SENT TO WCB:
E-MAIL ADDRESS:	TOLL-FREE NUMBER:	_____/_____/_____ MM DD YYYY

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.
WCB-2.1 (Companion document to be used with WCB-2 effective 04/01/2025)