

LAB 500

**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
CONCORD, NH 03301**

SUPPLEMENTAL WAGE SCHEDULE

TO BE COMPLETED ONLY WHEN INDEMNITY RATE IS BASED ON AFTER-TAX EARNINGS AS DEFINED BY
RSA 281-A:2, 1-a.

TOTAL NUMBER OF DEPENDENTS (INCLUDES EMPLOYEE)

FILING STATUS (MARRIED OR SINGLE)

List names and ages of all dependents

- | | |
|----------|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. _____ | 10. |

Average Weekly Wage	Line 1
Amount of Federal Withholding Tax to be Deducted using Figure from Line 1	Line 2
FICA rate factor	Line 3
Multiply amount from Line 1 by FICA rate factor	Line 4
Total Deductions (Add Lines 2 and 4)	_____ Line 5
AFTER-TAX EARNINGS INDEMNITY RATE (Subtract amount in Line 5 from amount in Line 1)	Line 6
If Line 1 is below the minimum compensation rate, multiply Line 6 by 90%.	Line 7

Signature – Employee

Signature – Adjuster

Date

Date