

**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

Signature – Employee

Signature – Adjuster

Date

Date