

## Employee's Report of Work-related Injury

To be completed immediately after the accident and submitted to your supervisor

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City ZIP Code

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Job Title: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Describe in detail how the accident occurred:

(describe the work you were engaged in, describe how the injury occurred, and explain the cause)

Part of body injured: \_\_\_\_\_

(be specific - example: right middle finger, left ankle, upper back)

Type of injury: \_\_\_\_\_

(example: sprain, burn and degree of burn, contusion, sutured)

Was medical treatment sought? If so: \_\_\_\_\_  
Name and address of medical provider Phone Number

No. of days missed from work: \_\_\_\_\_

Return to work date (as stated by physician): \_\_\_\_\_

Type of leave used: \_\_\_\_\_

No. of days worked with restrictions: \_\_\_\_\_

Name of witness (es): \_\_\_\_\_ Phone No. \_\_\_\_\_

Was safety equipment provided? Yes  No

Was safety equipment used? Yes  No

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Call 650-555-9827**

MONTHLY BUDGET		
INCOME	EXPENSES	MONTHLY AMOUNT
Wages or Salary:	FIXED EXPENSES	
Other:	Mortgage or Rent:	
	Car	
	Loan Payments:	
	Insurance:	
	Other Insurance:	
	Home:	
	Life:	
	VARIABLE EXPENSES	
	Utilities	
	Electric:	
	Gas:	
	Water:	
	Telephone:	
	Cable or Satellite TV:	
	Internet Access:	
	Car Expenses	
	Gasoline:	
	Maintenance:	
	Medical Expenses	
	Medical Bills	
	Prescription Drugs	
	Other Transportation:	
	Food & Groceries:	
	Toiletries	
	School Supplies:	
	Entertainment:	
	Meals Out	
	Newspapers, Magazines:	
	Gifts:	
	Charity:	
	Other:	
TOTAL INCOME:	TOTAL EXPENSES:	

Form  
**1040EZ**

**Income Tax Return for Single and  
Joint Filers With No Dependents**

**2010**

**Label**  
**Use the IRS label.**

Otherwise please print or type.

**Presidential Election Campaign**

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Your first name and initial	Last name	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street).	Apt. no.	▲ You <b>must</b> enter your SSN(s) above.
City, town or post office, state, and ZIP code.		

Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . . .  You  Spouse

**Income**

**Attach Form(s) W-2 here.**

Enclose, but do not attach, any payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2
3	Unemployment compensation and Alaska Permanent Fund dividends.	3
4	Add lines 1, 2 and 3. This is your <b>adjusted gross income</b> .	4
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,750 if <b>single</b> ; \$17,500 if <b>married filing jointly</b> . See back for explanation.	5
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	6

**Payments and tax**

7	Federal income tax withheld from box 2 of your Form(s) W-2.	7
8a	<b>Earned income credit (EIC).</b>	8a
b	Nontaxable combat pay election	8b
9	Add lines 7 and 8a. These are your <b>total payments</b> .	9
10	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table on pages 18–26 of the booklet. Then, enter the tax from the table on this line.	10

**Refund**

Have it directly deposited!

11a	If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund.	11a
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>	

**Amount you owe**

12	If line 10 is larger than line 9, subtract line 9 from line 10. This is the <b>amount you owe</b> .	12
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**Third party designee**

Do you want to allow another person to discuss this return with the IRS?  **Yes.** Complete the following.  **No.**

Designee's name	Phone no. ( )	Personal identification number (PIN)
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**Sign here**

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid preparer's use only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ( )	

Form **1040EZ (2010)**