



## Housing Benefit/Council Tax Reduction: Certificate of earnings

Employee Name:	<input type="text"/>	Claim Reference:	<input type="text"/>
Address:	<input type="text"/>		
	Postcode: <input type="text"/>		

### This form needs to be completed by your employer

Please could you provide the following details in respect of your employee named above, and return the completed form to them:

Company, or employer name:	<input type="text"/>		
Business address:	<input type="text"/>		
Employer phone number:	<input type="text"/>		
Employee payroll/works no:	<input type="text"/>	National Insurance Number:	<input type="text"/>
Job title:	<input type="text"/>		
When did they start working for you?	<input type="text"/>	Tax code:	<input type="text"/>
Normal hours worked:	<input type="text"/>	Hourly rate of pay:	<input type="text"/>
How often are they paid?	<input type="text"/>	Date of any expected pay increase:	<input type="text"/>

Please give details below of their most recent 5 weekly, 3 fortnightly, or 2 monthly/4-weekly periods of pay. If they have not worked long enough for you to be able to give us this information, please give an estimate of what you expect their earnings and deductions to be.

	Period 1	Period 2	Period 3	Period 4	Period 5
Pay date:					
Hours worked:					
Gross pay:					
Bonus payments included in gross:					
Business expenses included in gross:					
<b>Deductions:</b>					
Income Tax:					
Employee National Insurance:					
Employee Pension Contributions:					

<b>Year to date figures:</b>	
Gross pay:	
Income Tax:	
National Insurance:	
Employee Pension Contributions:	

Employer, company address stamp:

I confirm the above details are true and complete:

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Signed by/on behalf of employer.

Date: