

CERTIFICATE OF EARNINGS

PRIVATE AND CONFIDENTIAL

<p>FULL NAME _____</p> <p>ADDRESS _____</p> <p>_____</p> <p>OCCUPATION _____</p> <p>NATIONAL INSURANCE NUMBER _____</p> <p>When your employer has filled in this form please return it immediately to the Council at the address shown above.</p>	<p style="text-align: center;">TO THE EMPLOYER</p> <p>Please help your employee by completing this form to show details of his/her last 5 weeks wages or two months salary. (Please state if calendar monthly or 4 weekly). Gross pay should include any overtime, bonus, commission, statutory sick pay, statutory maternity pay or any other payments.</p> <p>When completed please return it to the employee.</p>
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Period		Gross Pay		Income Tax		Nat Ins Contrib		Occ Pens Contrib		Other Deduct.		Working Families tax credit		Net Pay	
From	to	£	P	£	P	£	P	£	P	£	P	£	P	£	P
TOTALS OF ABOVE															
TAX YEAR TO DATE															

Normal hours worked per week:- _____ Payroll no:- _____ Method of Payment:- _____

If the information given above is not typical of your employees normal earnings please give reason:-

Date employment started:- _____

Signature of employer/employers representative:- _____

Position held:- _____

OFFICIAL STAMP