

Employer's Certificate of Earnings

Your Name and Address

National Insurance Number

Employee / Works Number

Occupation

I agree to the council making any enquiries it considers necessary to check the information I have given.

Your Signature

Date / /

To be completed by your employer.

Please help your employee by providing the information requested below. Give details of the wages/salary paid by you for the last 5 weeks or the last 2 months including overtime, bonuses, commission and any other payments.

Please return the completed certificate to your employee.

√ How often is your employee paid?

Weekly

Fortnightly

4-weekly

(Please give the period if you tick 'other')

Calendar monthly

Other

Method of payment, e.g. bank credit

Normal basic wage

£

Normal hours worked

	Week/month one	Week/month two	Week three	Week four	Week five	Figures to date
Week/month ending						
Number of hours worked						
Gross pay						
Income Tax						
National Insurance						
Superannuation						
Other deductions						
Net Pay						

Please give details of any other irregular payments your employee may receive eg. profit share.

Name	Official business stamp
Business name	
Business address	

Your signature

Date

Position in firm