

# Certificate of Earnings (Private and Confidential)

Please complete Part 1 before handing this form to your employer for completion. When completed, please return this form immediately to the Benefits Section.

Please complete this form in **BLACK** ink

## PART 1

Title:

Last name:

First Name:

Address:

Postcode:

National Insurance No.

### FOR OFFICIAL USE ONLY

Date issued:  Initials:

Claim number:

## PART 2 To be completed by employer

We regret having to trouble you for this information, but we are required by law to obtain confirmation of earnings. Please would you complete Part 2 of this certificate. Please confirm the last 5 (if paid weekly), 3 (if paid fortnightly) and 2 (if paid monthly), payments made. Where an employee has not yet worked for the period requested, please complete the form with as many payments as possible. **Thank you for your cooperation.**

If you hold a National Insurance Number which is different to that shown above, please insert it here:

Employer's name and address:

Telephone number:

Date employment commenced if within last 12 months:

Date employment ceased if applicable:

Is the employee paid: Weekly  Fortnightly  Calendar monthly  Lunar monthly

Another frequency  (please state):

*Continued overleaf*

Pay date	Hours	Gross Pay	S.S.P / S.M.P	Income Tax	National Insurance Contributions	Superannuation / Pension Contributions	Period payslips cover
Totals:							

Please confirm payment method (eg. BACS, cash etc)

Contracted hours:  per week / month (delete as appropriate)

Tax Code

Normal hours worked:  per week / month (delete as appropriate)

Salary (if appropriate):  or Hourly rate:

Total Gross pay to date:	£
Total Income Tax to date:	£
Total National Insurance to date:	£
Total Superannuation / Pension to date:	£
Tax week / Month:	
Date of last wage increase:	
Date of next wage increase:	
Date Statutory Sick, Maternity or Paternity Pay started:	

**I confirm that all the information given is true and complete.**

Employer's Signature:

Name:

Position:

Date:

Please endorse with Business's  
Authorisation Stamp (where possible):

**Please return to:**

**Post:** Housing Benefit Section, Tedder Hall, Manby Park, Louth, Lincs LN11 8UP

**Tel:** 01507 601111

**Email:** hbenquiry@e-lindsey.gov.uk

**Web:** www.e-lindsey.gov.uk

**If you suspect anyone of fraud, please telephone our 24 HOUR FREEPHONE hotline: 0800 002 008**