



**PRIVATE AND CONFIDENTIAL
CERTIFICATE OF EARNED INCOME**

NAME			
ADDRESS & POSTCODE			
EMPLOYEE / WORKS No.		NATIONAL INSURANCE No.	
OCCUPATION		START DATE OF EMPLOYMENT	

TO BE COMPLETED BY THE EMPLOYER

I would be grateful if you could assist your employee by confirming the details above, and providing the information requested below, before returning this form to the address above.

- ◆ Please indicate how often the employee is paid. If "other" applies, please give the period.

Weekly
 Fortnightly
 4 Weekly
 Calendar Month
 Other

- ◆ Please indicate the method of payment: (e.g. cash, cheque, BACS etc)

- ◆ Normal basic wage:
- ◆ Normal hours

- ◆ Gross pay for the last 5 weekly; 3 fortnightly; or 2 monthly / '4 weekly' periods (including overtime, bonuses, SSP, SMP etc.)

Pay period ending:	No. of hours worked	Gross Pay	Gross Pay to date	National Ins. Contributions	Super-annuation	Tax paid by Employee	Working Tax Credits

If Statutory Sick Pay or Maternity Pay is included in gross pay, please indicate clearly which and how much.

Your Name:

Position in the Business:

Business Name / Address & Telephone Number:
(please endorse with the employer's authorisation stamp)

Signature:

Date: