

Private and Confidential Certificate of Earned Income

Only to be completed if not providing payslips

PART A. EMPLOYEE DETAILS

Name	<input type="text"/>	NINO	<input type="text"/>
Address	<input type="text"/>	Occupation	<input type="text"/>
Employee/ Work No.	<input type="text"/>	Signature (if available, or see copy attached)	<input type="text"/>

PART B. TO BE COMPLETED BY EMPLOYER

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the end of this letter. If you hold a National Insurance Number (NINO), which is different to that shown above, please insert it here.

Please indicate how often the employee is paid. If **other** please state the period

Weekly
 Fortnightly
 4 Weekly
 Calendar Monthly
 Other _____
 (please specify)

Please indicate the method of payment.
Eg cash, cheque, direct into bank account

<input type="text"/>	Normal Basic Pay	<input type="text"/>	Normal hours worked	<input type="text"/>
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Date of last Payrise

Pay details for the last 5 weekly, 3 fortnightly, or 2 monthly/4 weekly periods (including overtime, bonus, SSP, SMP etc)

Pay Period ending	No of hours worked	Gross Pay	National Insurance Contributions		Tax paid by employee		Pension Contributions	Working Tax Credit
			This Period	Year to Date	This Period	Year to Date		

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

Name

Name of Business

Business Address

Business Tel No.

I confirm that the information given is true and complete.

Signature

Position in Business

**FIRMS OFFICIAL STAMP (IF YOU DO NOT HAVE A STAMP
PLEASE PROVIDE A LETTER OF CONFIRMATION)**

Please return to:

**Benefits Division
PO Box 3300
Wolverhampton
WV1 1ZT**