

Proof of earnings certificate



Part 1 - to be filled in by you

Your name:

Your address:

Your National Insurance number:

Your occupation:

Your works or employee number:

Now hand this certificate to your employer so he or she can fill in part 2.

Part 2 - to be filled in by your employer

A General information

How many hours does the employee usually work each week?

Date he or she started work: / /

Date of his or her last pay rise: / /

How much was the pay rise? £ per

How often is he or she paid? Every

Does he or she receive any payments for profit share or regular bonuses? Yes No

If 'Yes', please give details

Does he or she receive a tax credit as a payment with their wages? Yes No

If 'Yes', how much? £

Continued over the page.

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b Recent earnings

Please give details of the employee's earnings in the table below. Include any overtime, bonuses, commission and so on.

| Payment date | Hours worked | Gross pay (before tax and National Insurance) | Statutory sick pay | Statutory maternity pay | Tax paid | National Insurance contribution | Pension contribution |
|--------------|--------------|---|-----------------------|-------------------------------|----------|---------------------------------------|-------------------------|
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c Variable earnings

Do the employees earnings vary a lot? Yes No

If 'Yes', please show the total earnings for the last 26 weeks or six months here (or if he or she has not been employed that long - as long as possible). Include overtime, bonus, commission and so on.

| Period start | Period end | Hours worked | Gross pay (before tax and National Insurance) | Statutory sick pay | Statutory maternity pay | Tax paid | National Insurance contribution | Employee's pension contribution |
|--------------|------------|--------------|---|-----------------------|-------------------------------|----------|---------------------------------------|---------------------------------------|
| | | | | | | | | |

d Declaration

The information I have given is true and complete. I understand that if I have given false information, I may be prosecuted.

Signature:

Business
address:

Official company stamp
(or send a
signed
letterhead)

Date:

Thank you for filling in this form. Please return it to: **Benefits Team, Housing and Property Services Directorate, Tamworth Borough Council, Marmion House, Lichfield Street, Tamworth, Staffordshire B79 7BZ.**

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