

Certificate of Earnings



Please return this form to the Benefits Section, Winchester City Council, City Offices, Colebrook Street, Winchester, SO23 9JU

Section 1 - to be completed by the claimant

Housing/Council Tax Benefit reference number

Name

Address

Occupation

Signature

Section 2 - to be completed by the employer

Information entered by anyone other than the employer/pay clerk will invalidate the certificate.

Job title Payroll number

NI number Date employment started

Method of payment e.g.cash/cheque/BACS Frequency of payment e.g.weekly/monthly

Date of last pay increase Date of next pay increase

Normal basic pay Normal hours worked

Is employment for a fixed period? Yes No If 'yes' when is it due to end?

Pay period ending	Gross pay	NI	Income tax	Statutory sick pay/ maternity pay	Private pension	Net pay
1						
2						
3						
4						
5						
Gross pay to date						

Please include any overtime and bonuses etc. Do not include Tax Credits in Gross Pay.

Employer's name and address

Employer's stamp

I confirm that the information given is true and complete.
I understand that giving incorrect information or withholding information may mean that you could prosecute me.

Print name:

Signature:

Position:

Date: