|  |  |  |
| --- | --- | --- |
| **Certificate of Earnings**  |  |  |
|  |
| Please return this form to: Benefits Section, Winchester City Council, City Offices, Colebrook Street, Winchester, SO23 9LJ |
|  |
| **Section 1 – to be completed by the claimant** |  |
|  |  |
| Housing/Council Tax Reduction 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 paymente.g.cash/cheque/BACS |  | Frequency of payment e.g. weekly/monthly |  |
|  |
| Date of last payIncrease  |  | 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. |
|  |
| Employer’s name and address |  |
|  |
| I can 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. |  | Employer’s stamp |
|  |
| Print name: |
|  |
| Signature: |  | Position: |  | Date: |