

Certificate of Earnings

This should be completed by your employer if you are unable to provide appropriate payslips



Benefit Claim Ref: _____ National Insurance Number: _____

Please give the full name of your Employee _____

Employee's home address _____

Employee's Pay No _____ Date employment commenced _____

Employee's occupation _____

Please complete this form giving gross earnings, including overtime and any extra payments for the past 5 weeks if weekly paid, or past 2 months if monthly paid. Please return this form to your employee once completed.

Weekly paid employees (Average number of hours worked per week _____)

Week ending (please write date)	Gross pay £	Income Tax £	National Insurance £	Superannuation Deductions £	Working Families TC £	Net pay £
1						
2						
3						
4						
5						

Monthly paid employees (Average number of hours worked per week _____)

Week ending (please write date)	Gross pay £	Income Tax £	National Insurance £	Superannuation Deductions £	Working Families TC £	Net pay £
1						
2						

Employer's business address _____

Telephone number _____

I confirm that the information given on this form is correct

OFFICIAL STAMP

Signature of employer _____

Position in firm _____

Date _____



The employer is requested to sign and date this form, and authenticate it with the official stamp of the firm.

Please return this form to Housing and Council Tax Benefits, Royal Borough of Kingston, Guildhall 2, Kingston upon Thames, KT1 1EU