

Shared Revenue Partnership

Ref:

Housing Benefit and Council Tax Reduction - Certificate of Earnings

Private and confidential

You should print and complete this form if you, your partner or any other adult who lives with you cannot provide payslips for their work. Please return the completed print out to the address shown below.

Please return the completed form to:

Mid Suffolk District Council Offices
131 High Street
Needham Market
Ipswich, IP6 8DL

To be filled in by the employee

Your name

Your employee or works no.

Address

Your National Insurance no.

Your job

Your signature

To be filled in by the employer

I would be grateful if you could help your employee by filling in the details below and returning the form to them.

If you hold a National Insurance number which is different to that shown above, please state it in the box below.

National Insurance number Employment Start Date

Please tick the correct box to show how often the employee is paid. If 'Other' applies, please state the period.

Every week Every two weeks (fortnightly) Every four weeks Every calendar month

Other (please give details)

Please describe how you pay the employee (for example, cash, cheque, direct into bank account).

Normal Basic Pay

Normal Hours Worked

Pay details for the last five weeks, three fortnightly, two calendar months or four weeks. (Include overtime, bonus, SSP, SMP and so on).

Pay Period Ending	Number of hours worked	Gross pay (before deductions)	NI contributions	Occupational or personal pension contributions	Tax paid by employee

Please say here if Statutory Sick Pay or Statutory Maternity Pay is included

Your name

Your business address

Your business name

Your business phone number

Postcode

I confirm the information given is true and correct

Your signature

Please place the business' authorisation stamp here

Your position in the business