

**Certificate of Earned Income**

**To be completed by employee.**

Name : ..... National Insurance Number: .....  
 Address : ..... Occupation : .....

Signature : .....

**To be completed by employer.**

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the bottom of this letter.

Date employment commenced with you .....

Please indicate how often the Fortnightly employee is paid. If **other** applies please give the period.

Weekly  
 4 Weekly  
 Calendar Monthly  
 Other

(Please specify)

Please indicate the method of payment eg Cash, Cheque, Direct into bank account

Normal basic wage

£

Normal hours worked

Gross pay for the last 5 weekly, 3 fortnightly, or 2 monthly/4 weekly period (including overtime, bonus, SSP, SMP etc)

Pay Period ending	Nos of hours worked	Gross pay	Gross pay to to date	National Insurance Contributions		Occupational pension or personal pension	Tax paid by employee	
				Pay Period	Year to date		Pay Period	Year to date

*If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which and how much.*

Name : .....

Business Name : .....

Business Address : .....

Business Telephone Number : .....

**I confirm that the information given is true and complete.**

Signature : .....

Please endorse with the company stamp

**Authorisation Stamp**



Position in firm : .....

**Finance**  
 PO Box 5455 Benefits Division Epping CM16 4DS  
 Telephone: 01992 564000 Facsimile: 01992 564296 DX: 40409 Epping  
 Finance Director: Peter Haywood