

CUSTOMER ACCOUNTS – CERTIFICATE OF EARNINGS



Housing Benefit and Council Tax Benefit

Central Bedfordshire Council

Watling House
High Street North
Dunstable
Bedfordshire
LU6 1LF

Please complete this form and return it to the address above to:

- Provide evidence of earned income if you do not have payslips.

If you have any questions about this form, please contact us:

Telephone 0300 300 8306

Email customer.accounts@centralbedfordshire.gov.uk

www.centralbedfordshire.gov.uk

Please complete the employee section below and then take this form to your employer to be completed.

Employee details

Employee Name..... Payroll number.....

Employee Address

Occupation National insurance number

To be completed by your employer

Please complete the details below regarding the above employee then return the form to Central Bedfordshire Council at the address shown above.

Date employment started Date employment finished

Date of last pay increase..... Date of next pay increase

Normal basic pay (gross) Normal hours (per week)

Method of payment e.g. cheque, cash, BACS transfer

Frequency of payment e.g. weekly, monthly, fortnightly, 4 weekly

Please provide the employee’s pay details for the last 5 weekly, 3 fortnightly, or 2 monthly/ 4 weekly periods, and for the financial year to date.

In the case of a new employee please estimate their first 5 weeks pay or 2 months pay.

Pay period	Hours worked	Gross Pay	Income Tax	National Insurance	Pension contributions	Any other deductions
Year To Date						

Do earnings include SSP/SMP? **Yes/No** If **Yes**, when did this start?

Your name and position in business

Business name and address

.....

.....

Business phone number

I confirm the information given is to the best of my knowledge true. I understand that if I knowingly provide false information, I may be liable for prosecution.

Signature

Date

<p>Company Stamp</p> <p>If you do not have a stamp, attach a letter signed by the employer’s representative on company letterhead.</p>
