



Anglian Revenues  
Partnership  
**HOUSING BENEFIT**  
**SCHEME**  
Employer's certificate  
of earnings

Applicant's name .....  
Address .....  
.....  
.....  
Occupation .....

**GROSS MONTHLY/WEEKLY EARNINGS**

(Complete TWO columns ONLY if monthly paid.  
Complete ALL columns if weekly paid).

WEEK/MONTH ENDING	/ /	/ /	/ /	/ /	/ /
TAX WEEK/MONTH	No.	No.	No.	No.	No.
HOURS WORKED					
BASIC PAY					
OVERTIME					
BONUS					
COMMISSION					
PAYMENT IN LIEU					
HOLIDAY PAY					
RETAINER					
EXPENSES *					
MATERNITY PAY					
S.S.P.					
OTHER (PLEASE SPECIFY)					
TOTAL GROSS PAY					
<u>MONTHLY/WEEKLY DEDUCTIONS</u>					
INCOME TAX					
NATIONAL INSURANCE					
GRADUATED PENSION/SUPERANNUATION					
OTHER (PLEASE SPECIFY)					

GENERAL INFORMATION:- TAX CODE     N.I. No.

GROSS EARNINGS TO DATE £  WEEK/MONTH No.

GROSS TAX TO DATE £  GROSS N.I. TO DATE £

Are the above figures a fair indication of your employee's earnings of the immediate future? YES/NO

If NO, give a fair indication of earnings in the immediate future £

Date employment commenced  /  /

I/We hereby certify that the above payment were made to the above named employee, during the five weeks/ two months prior to the date of this certificate.

Signature ..... Position Held .....

Name and address of firm/company and official stamp .....  
.....

Date .....