

arp | theangliarevenuespartnership

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HOUSING AND COUNCIL TAX BENEFIT Employer's certificate of earnings

Applicant's Name Claim Number (if known)
Occupation Applicant's telephone number
Applicant's Address

DETAILS OF EARNINGS — TO BE COMPLETED BY EMPLOYER

Pay frequency: ☐ weekly ☐ fortnightly ☐ four weekly ☐ monthly

Period 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					
Income Tax					
National Insurance					
Pension					
Other (Please specify)					
Net Pay					

PTO

Tax Code

National Insurance Number

GROSS TO DATE EARNINGS DETAILS

Gross to date £

Gross National Insurance to date £

Gross Tax to date £

Week/Month (please delete)
Number

Do the above figures give a fair indication of your employers earnings for the foreseeable future?

Yes ☐ No ☐

If No please give an estimate of future projected earnings £ Gross per month/week

Date employment commenced

DECLARATION

I/we hereby certify that these payments were made to the employee overleaf, prior to the date of this certificate.

Signature _____

Position Held _____

Date _____

Tel number _____

Name and address of Company:

Company Stamp

Please note:

This form is also available to download from our website at:
www.angliarevenues.gov.uk