

# Certificate of Earned Income

**TO BE COMPLETED BY EMPLOYEE:**

Name

Employee/works 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 overleaf.**

Please confirm employees National Insurance Number

Please indicate how often the employee is paid (tick as applicable). If other applies please state the period.

Weekly  Fortnightly  four weekly  Calendar monthly  Other

Please indicate the method of payment, eg. cash, cheque, direct into a bank account

Normal Basic Pay

Normal Hours Worked

Pay details for the last five weekly, three fortnightly or two monthly/four weekly periods  
(including overtime, bonuses, Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP) etc)

	Pay period ending	No. of hours worked	Gross pay	National Insurance Contributions		Working Tax Credits	Occupation or personal pension contributions	Tax paid by employee	
				Per period	Year to date			Per period	Year to date

*If statutory sick pay is included in the gross pay please indicate clearly which period it relates to and how much has been paid.*

On what date did they start work for you?

If pay has been lost to sickness, please give dates to which this relates:

Are their earnings expected to increase within the next six months? Yes  No

If **yes**, please state why?

Are any other payments made to your employee but not included overleaf, e.g. annual bonus?

Name of person who has completed this form

Name of Business

Business address

Business Telephone Number

**I CAN CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE**

Signature

Position in Business

**Please endorse this form with  
Business's Authorisation Stamp**