



# EARNINGS CERTIFICATE

(You should only use this form, if you are unable to provide actual payslips)

Please return to: Revenues & Benefit Services, Town Hall, St Stephens Road, Bournemouth BH2 6EB

**SECTION 1 To be completed by claimant /partner** (Please delete whichever is not applicable)

Claimant's / partner's or non-dependant's name

Address

Signature

Occupation

Payroll No:

**SECTION 2 To be completed by the employer**

**Note:** any writing other than that of the employer / pay clerk will invalidate the certificate

Please help your employee by providing the information requested below and over leaf . Please return the form to the address at the top of the page.

**Please complete ALL sections**

Date employment started:	<input type="text"/>	Method of payment e.g. cash/cheque/BACS:	<input type="text"/>
Date of last pay increase:	<input type="text"/>	Date of next pay increase:	<input type="text"/>
Normal basic wage	<input type="text"/>	Normal no of hours worked:	<input type="text"/>
Net:	<input type="text"/>	Additional income e.g. bonus: type:	<input type="text"/>
		Amount	<input type="text"/>

Please specify when the employee is paid and list the details below:

weekly <input type="checkbox"/>	<i>last 5 payment details</i>	four-weekly <input type="checkbox"/>	<i>last 2 payment details</i>
fortnightly <input type="checkbox"/>	<i>last 3 payment details</i>	calendar monthly <input type="checkbox"/>	<i>last 2 payment details</i>
other <input type="checkbox"/>	Please give details:		

**PAY DETAILS:**

Pay period ending	Gross pay	Nat. Ins. contributions	Income Tax	Pension Contributions
1.				
2.				
3.				
4.				
5.				
Gross to date				

**Please turn over and continue with the form**

Please confirm the employee's  
National Insurance Number

Employer's name & address

Employer's stamp (If you do not have a stamp,  
please enclose a business card or letterhead)

I confirm that the information given is true and complete. I understand that giving incorrect information or withholding information may mean you could prosecute me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (capitals please)

Position in  
firm: \_\_\_\_\_