

Certificate of Earned Income – Tear off 2

Fill in your name and address and any other details before giving this form to your employer or payroll section.

Employee's name: Occupation: Works number:

Address:

Employer: Please assist the above named by giving details of their last 5 weekly or 2 monthly or 2 x four weekly wages. Please include SSP, SMP, SPP, SAP, overtime, bonuses, tips, commission, and other payments in the Gross Pay column. Date employment commenced

What is their normal basic pay? £ National insurance number:

Paid by cash? Cheque Bank transfer Every week Fortnight Four weeks Month

Week ending	Gross pay	Tax	National Insurance	Pension	Other deductions	Hours worked	Projected earnings

<p>Employer's declaration: I declare that the information is true and complete.</p> <p>Signature: _____</p> <p>Name (in capitals): _____</p> <p>Phone: _____</p>	<p>Official stamp with company name and address.</p> <p style="text-align: right;">Position in firm: _____</p> <p style="text-align: right;">Date: _____</p> <p style="text-align: right; font-size: small;">If you do not have an official stamp, we need a covering letter on your headed paper.</p>
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