



North Tyneside Council

**Housing Benefit and Council Tax
Support
Employer's Certificate of Gross
Earnings**

Office use only

UPRN:

Claim no.

For completion by the employee and the employer when payslips are not available.

SECTION 1

To be completed by the employee

Full name

Address

Job title

Name of employer

Address of employer

Employee/work number

National Insurance Number

Employee's signature

SECTION 2

To be completed by the employer

Would you please assist your employee by confirming the details above and providing the information requested below. If you hold a different National Insurance Number for the employee to that shown above please enter it here.

Date the employment commenced

Date of the last pay rise

Expected date of the next pay rise

Average number of hours worked each week

Method of payment
e.g. cash, cheque, BACS

Frequency of payment
e.g. weekly, fortnightly, 4-weekly, monthly, etc.

Please complete the following table to show the pay details for the last 5 weekly payments, 3 fortnightly payments, 2 monthly payments or 2 four-weekly payments. Include any overtime, bonus, Statutory Sick Pay, Statutory Maternity Pay or Working Tax Credit.

Week/month ending	Gross pay	Income Tax	National Insurance	Works Pension	Other (please specify)	Net pay
/ /	£	£	£	£	£	£
/ /	£	£	£	£	£	£
/ /	£	£	£	£	£	£
/ /	£	£	£	£	£	£
/ /	£	£	£	£	£	£
Total	£	£	£	£	£	£

If Statutory Sick Pay, Statutory Maternity Pay or Working Tax Credit is included in the gross pay please state below which payment and how much.

Week/month ending	Statutory Sick Pay	Statutory Maternity Pay	Working Tax Credit
/ /	£	£	£
/ /	£	£	£
/ /	£	£	£
/ /	£	£	£
/ /	£	£	£

If Statutory Sick Pay or Statutory Maternity Pay is in payment please state the date that this is due to end.

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Employer's Declaration

I declare that the information I have given on this form is correct and complete. I understand that it is an offence to give false information to obtain benefit or to enable another person to obtain benefit.

Employer's signature

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Full name

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Position in company

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Telephone number

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Official business stamp
(if available)

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Date

/ /
