

LGSS EMPLOYER'S CERTIFICATE OF EARNINGS – HOUSING AND/OR COUNCIL TAX BENEFIT

PART 1 – To be completed by claimant

| | | | |
|------------|--|----------------|--|
| Name | | | |
| Address | | | |
| Occupation | | Payroll Number | |

I authorise my employer to complete this form and return it to the Council

| | | | |
|-----------|--|------|-----|
| Signature | | Date | / / |
|-----------|--|------|-----|

PART 2 – To be completed by employer

I would be grateful if you could assist you employee by providing the information requested below and returning it to the address shown overleaf. Please give estimated figures if the above-named has been employed by you for less than the relevant period.

| | | | |
|----------------------------------|--|----------|--|
| National Insurance (N.I.) Number | | Tax Code | |
|----------------------------------|--|----------|--|

Earnings: Please give the last 5 weeks / 2 months / 3 fortnights pay

| | 1 Wk/Month* Ended ___/___/___ | 2 Wk/Month* Ended ___/___/___ | 3 Week* Ended ___/___/___ | 4 Week* Ended ___/___/___ | 5 Week* Ended ___/___/___ |
|---|-------------------------------------|-------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Basic Gross pay excl. Overtime etc | | | | | |
| Commissions, Overtime etc | | | | | |
| IncomeTax | | | | | |
| National Insurance | | | | | |
| Pension Conts made by Employee | | | | | |
| Net Pay | | | | | |

* Please tick box if payment is made every four weeks

* Please tick box where estimated figures are given

PART 2 - Continued

| | | | | |
|---|-----|--------------------------|-----|--------------------------|
| Gross pay date for the current tax year as at Week/Month No. | | | | £ |
| Income Tax to date | | | | £ |
| National Insurance to date | | | | £ |
| Private Pension to date | | | | £ |
| Average number of hours per week | | | | |
| Method of payment (e.g. cash, cheque, direct to bank account) | | | | |
| Does your employee receive a bonus? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes, how much? | £ | | per | |

In order that the Council may determine how far these weeks or months represent normal average earnings, please give details of any special fluctuations affecting gross payments, e.g. short weeks, overtime, seasonal earnings, bonus or commission, statutory sick pay, statutory maternity pay, etc.

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| | | | |
|---|-----|--------------------------|-----------------------------|
| Please give details and amount of any expenses | | | |
| Date of last pay rise | / / | | |
| Amount of pay rise | £ | | per week/month |
| Date of pending pay rise | / / | | |
| Amount of pending pay rise | £ | | per week/month |
| Date employment commenced | / / | | |
| If employment commenced after 1 April last, please give gross earnings to date in your employ | £ | | |
| Is your employee employed on a casual basis? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

PART 3 – The employer is requested to sign this form and authenticate it with the firm's official stamp

I confirm that the information given is true and complete

| | | | |
|-----------|--|------|-----|
| Signature | | Date | / / |
|-----------|--|------|-----|

| |
|--------------------|
| Employer's Address |
|--------------------|

THANK YOU FOR COMPLETING THIS CERTIFICATE, WHICH YOU SHOULD NOW RETURN TO:

LGSS Revenues and
Benefits Services
PO Box 10607
Nottingham
NG6 6DU