

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

SECTION 1 – TO BE COMPLETED BY CLAIMANT

Name	
Address	
Occupation	
Payroll Number	
<i>I authorise my employer to complete this form and return it to the Council.</i>	
Signature	
Date	

SECTION 2 – TO BE COMPLETED BY EMPLOYER

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

National Insurance Number	
Tax Code	
Are payments made every four weeks?	
Have you given estimated figures?	

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					
Income Tax					
National Insurance					
Pension Conts made by Employee					
Net Pay					

Earnings: 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?	
If yes, how much?	£
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.	
Please give details of and amount of any expenses	
Date of last pay rise	
Amount of pay rise	
Date of pending pay rise	
Amount of pending pay rise	
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?	
SECTION 3 – THE EMPLOYER IS REQUESTED TO SIGN THIS FORM AND AUTHENTICATE IT WITH THE FORM’S OFFICIAL STAMP	
<i>I confirm that the information given is true and complete.</i>	
Signature	
Date	
Employer’s Address	

Thank you for completing this certificate, which you should now return to the address mentioned in the header.

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. The Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.