

PRIVATE & CONFIDENTIAL

Certificate of earned income

Employee: **LBE ref:**
Name National Insurance No:
Address
Employee / Works No
Occupation:

To be completed by the employer

Please assist your employee by confirming the details above, providing the information below, and returning it to the address at the top of this form.

When did they start working for you? / /
Normal basic wage/salary £ (please state gross figure)
Period covered for above, i.e. per week/ per month/ per annum
How often is the employee paid? [] Weekly [] Fortnightly [] 4 weekly
(if other, please specify) [] Calendar monthly [] Other
How do you pay them?
(e.g. cash, cheque, direct to bank)
Normal hours worked per week
Any regular overtime or bonuses?

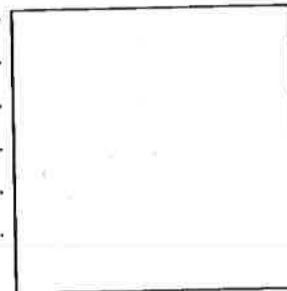
If available, gross pay for the last 5 weekly, 3 fortnightly or 2 monthly periods (including overtime, bonus, SSP, SMP etc.)

Pay period ending	No of hours worked	Gross pay	Gross pay to date	NICsP/P	NICsYear to date	Occupational or personal pension contributions	Tax paidP/P	Tax paid Year to date

I confirm that the information given is true and complete.

Name:
Signature:
Position in firm:
Business name:
Business Address:

Company stamp



Business phone no:

If you do not have a Company stamp, please attach a letter on headed paper confirming the information on this form.