

# Housing Benefit & Council Tax Benefit - Certificate of evidence for your earnings

Benefits & Council Tax Team, PO box 18015, Glenrothes, Fife, KY7 5YJ

## **PART A**

### **TO BE FILLED IN BY THE EMPLOYEE**

<b>YOU</b>			
Name :	.....		
Address :	.....		
Employee works number.....	National Insurance Number		
I authorise my employer to provide the information asked for in part B			
Occupation .....	Signature .....		

## **PART B**

### **TO BE FILLED IN BY THE EMPLOYER**

I would be grateful if you could help your employee by completing the following information as requested and return to the address at the top of this form or direct to your employee

Gross pay for the last five weekly, three fortnightly, two monthly or four weekly period (including overtime, bonus, Statutory Sick pay, Statutory Maternity pay and so on).

PAYMENT DATE	HOURS WORKED	GROSS WAGE PER PERIOD	TOTAL TO DATE	NATIONAL INSURANCE		TAX PAID BY EMPLOYEE		OCCUPATIONAL PENSION PER PAY
				PER PAY	TOTAL TO DATE	PER PAY	TOTAL TO DATE	

If Statutory Sick Pay or Maternity Pay is included in the gross pay, please indicate which & how much.

### **PART B CONTINUED OVERLEAF**

£

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## **PART A**

### **TO BE FILLED IN BY THE EMPLOYEE**

<b>YOUR PARTNER</b>			
Name :	.....		
Address :	.....		
Employee works number.....	National Insurance Number		
I authorise my employer to provide the information asked for in part B			
Occupation .....	Signature .....		

## **PART B**

### **TO BE FILLED IN BY THE EMPLOYER**

I would be grateful if you could help your employee by completing the following information as requested and return to the address at the top of this form or direct to your employee

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				PER PAY	TOTAL TO DATE	PER PAY	TOTAL TO DATE	

If Statutory Sick Pay or Maternity Pay is included in the gross pay, please indicate which & how much.

### **PART B CONTINUED OVERLEAF**

£



**PART B CONTINUED**

Please say how often the employee is paid.

Every week  Every fortnight  Every four weeks

If other please give period. Every calendar month  Other period

Please say the method of payment, for example,

Cash, cheque or direct into bank account.  Normal wage  Normal hours worked

When is the next pay rise due ?

Employers Name .....

Business Name .....

Business Address .....

.....

Business Phone Number .....

I can confirm that the information given is true and complete.

EMPLOYER'S OFFICIAL STAMP

Signature ..... Position in firm .....

Date ..... PLEASE USE EMPLOYER'S STAMP.

**PART B CONTINUED**

Please say how often the employee is paid.

Every week  Every fortnight  Every four weeks

If other please give period. Every calendar month  Other period

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Cash, cheque or direct into bank account.  Normal wage  Normal hours worked

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Signature ..... Position in firm .....

Date ..... PLEASE USE EMPLOYER'S STAMP.