

EARNINGS CERTIFICATE

Please complete this form and return it to the address at the bottom of the page.

Name Reference Number

Address

National Insurance Number ^{Letters} ^{Numbers} ^{Letter} Payroll Number

Occupation Date present employment started / /

Signature

How often do you pay the employee? Weekly Fortnightly Four weekly Monthly
Other Frequency if other

How do you pay? Cash Cheque Direct to bank account

Date of last pay rise / / Date of next pay rise / /

Please provide details of **last 5 weeks**, the **last 3 fortnights**, or the **last 2 months** depending on how often you pay the person. If they have just started to work for you give their expected earnings. Gross pay should include any overtime, bonuses, Statutory Sick Pay or Statutory Maternity Pay.

Pay Period Ending	Hours Worked	Gross Pay	Tax	National Insurance	Pension Contribution	Net Pay
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Totals For Year To Date:		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do you make bonus payments? Yes No
If 'Yes' how much £ and how often

What is the normal basic pay each week? £
How many hours do they usually work each week?
How many hours of overtime do they usually work each week?

Do you pay Working Tax Credit to this employee on behalf of the Inland Revenue? Yes No
If 'Yes' please give details of rate £ and frequency

Company Details

What is the name and address of your company?

What is the telephone number?

Employers signature

Company Stamp (or send company headed paper or a compliment slip)

Print name Date