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Local Taxation & Benefits Service

Benefits Section

Hewson House
Station Road
Brigg, DN20 8XB
benefits@northlincs.gov.uk



Telephone: 0300 3030164
Please contact: BENEFITS

Private and Confidential

**Housing Benefit and Council Tax Reduction
Certificate of Earned Income**

This authority is under a duty to protect the public funds it administers. The information you have provided on this form maybe used within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Please fully complete and return all pages of this form

Section 1: To be completed by employee:

Employee / Works Number

NINO

Occupation

Signature

Section 2: To be completed by employer

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the top of this letter. If you hold a National Insurance Number (NINO) which is different to that shown above please insert it here.

Please indicate how often the employee is paid. If other applies please give the period:

Weekly

Fortnightly

Calendar Monthly

4 Weekly

Please state when the employee started working for you

Please indicate the method of payment. EG cash, cheque, direct into bank account

Normal basic wage per week / month / year

Normal hours worked per week

Date of any change to the number of basic hours worked

Please provide pay details for the last 5 weekly, 3 fortnightly or 2 monthly / 4 weekly periods. Gross pay must be inclusive of all overtime, bonus / commissions, holiday pay and any other cash payments.

Week / Month Number	Pay Period	Hours worked	Gross Pay	Deductions from Pay			Net Pay
				Tax	N.I.	Pension	
			£	£	£	£	£
			£	£	£	£	£
			£	£	£	£	£
			£	£	£	£	£
			£	£	£	£	£

Please give details below for the current financial year. Gross pay must include overtime, bonus, commission, any other cash payments and any non cash payments included in wages / salaries subject to Class 1 National Insurance contributions e.g. non cash luncheon vouchers etc.

Gross Pay Year To Date	Income Tax Paid Year to date	National Insurance paid year to date	Pension Contributions year to date	As at Tax Week/Month
£	£	£	£	£

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

Date of last pay increase Increase as a percentage

Do you pay a yearly bonus? Yes No

If yes, how much £ When is it paid?

Do you pay any form of non-cash vouchers subject to Class 1 National Insurance contributions? **Yes / No**

If yes, please give details.

How much are these worth?

£

How often paid?

Section 3: Employer Declaration

Contact Name

Position in Firm

Name of Business

Business Address

Telephone Number

I confirm that the information given is true and complete.

Signature

Date

Important: Please endorse with the company's official stamp in the box below.