



South Somerset District Council

Benefits Unit The Council Offices Brympton Way Yeovil Somerset BA20 2HT

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I Potter Head of Revenues & Benefits

Employer's Certificate of Earnings

Employees full name:

Employees Date of birth:

Note to employer:

Please complete all of the boxes below and over the page in respect of the above named person. Please answer all of the questions and enter 'N/A' in any box that does not apply to your employee.

Employee's full name

Employee's address
Postcode

Employee's occupation

Employee's national insurance number

Is the employee on a training / back to work scheme? (Delete as appropriate) **Yes / No**

Number of hours contracted to work Frequency of hours (e.g. weekly, monthly)

Employee's tax code Employee's payroll / reference number

Employee's start date of employment Employee's end date of employment

Frequency of wage payments Method of payment (e.g. cheque, cash, BAC's)

Employee's gross income to date Date employee currently paid to

Employers name:

Employers address:
Postcode

Employers telephone number:

Employer's Certificate of Earnings Continued

Instructions: Please complete with details of your employee's most recent earnings.

- If your employee is paid weekly complete all 5 columns.
- If paid fortnightly complete 3 columns.
- If paid monthly or four weekly complete 2 columns.

	Column 1	Column 2	Column 3	Column 4	Column 5
Period ending					
Hours worked in period					
Gross pay for period	£	£	£	£	£
Statutory sick pay in period	£	£	£	£	£
Statutory maternity pay in period	£	£	£	£	£
Overtime in gross pay	£	£	£	£	£
Number of overtime hours in pay					
Tax	£	£	£	£	£
National insurance	£	£	£	£	£
Superannuation	£	£	£	£	£
Other deductions (1)	£	£	£	£	£
Deduction (1) description					
Other deductions (2)	£	£	£	£	£
Deduction (2) description					
Net pay	£	£	£	£	£

Do the above details represent your employee's normal earnings? **Yes / No**

Signature

Date

Employer's Official Stamp

Please print name

Position in company