



Employer's certificate of gross earnings

Note to employer Please fill in this certificate and return it to the address shown above. Thankyou for your help.

Employee's name and address:

Job title:

National Insurance number:

Reference number:

Works number:

How often are they paid? Weekly Fortnightly Four-weekly Monthly Other

Method of payment _____ Is the employee contracted out of the National Insurance Scheme? Yes No

If they are paid every week, please give details of the last five weeks' pay over the page.
If they are paid every four weeks or every month, please give details of the last two months' or eight weeks' pay over the page.

Date their employment started:

Date of their last pay rise:

Normal hours they work each week:

Date of their next pay rise:

Note: Please tell us about any week when the employee lost pay through sickness or when they got a rise in their basic pay.



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Week or Month ending	Gross pay	Tax	National Insurance	Works Pension	Net pay
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
Total	£	£	£	£	£
Gross pay to date as at / /	£	£	£	£	£

Is Statutory Sick Pay included in any of these payments?

Yes No

If 'Yes', please say how much.

£

Is Working Tax Credit included in any of these payments?

Yes No

If 'Yes', please say how much

£

Employer's signature:	Date:	Name and position in the firm:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and business address of employer:

Official business stamp (if available):

Week or Month ending	Gross pay	Tax	National Insurance	Works Pension	Net pay
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
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