Revenues & Benefits Services

Totals

Head of Revenues & Benefits Services: Peter Mason CPFA Civic Centre, Carlisle, CA3 8QG • Telephone (01228) 817000 • Fax (01228) 817266 Typetalk 18001 01228 817000 • www.carlisle.gov.uk



Earnings Certificate	HBRef:		
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IMMEDIATELY to EMPLOYMENT,	the addres	art 1 before handing ss above. (FORM T AIT UNTIL YOU HA s form, as soon as th	O BE COMPĹ AVE 5 WEEKL	ETED ÎN BLACI Y (OR 2 MONTI	(INK.) IF YOU I	HAVE ONLY	RECI	ENTLY CON	MENCED
Part 1									
Name:									
Address:									
Postcode :			Occupation	<u> </u>					
Tax Code:	Wo	rks No:	<u>-</u>	surance No:					
Tux Couc.			- Hational III	Surunce No.					
3 FORTNIGHTLY	or 2 MON our co-ope lational Ins	surance Number (N	the employee	e named above.		Fax:	ease si	ate the last	5 WEEKS,
	named ab	ove paid: weekly	· <u>L</u>		employment ce			, L	
Week / Month Ending	No. of hours worked	Gross Pay(before deductions)	SSP/SMP	Income Tax	NINO Contributions	Pension Contribution		Tax Credits	Net Pay

Page 2 HBRef:							
Please confirm method of payment (e.g. BACS, cash, etc.):							
Contracted hours week / month*		Normal hours worked week / month*					
Are the above wages a true reflection of your employee's average weekly wage for the year to date?							
Please tick Yes □ No □							
If you have ticked 'No' please state why							
	1						
Total gross pay to date:	£	Employers Signature					
Total Income Tax to date:	£	Name					
Total National Insurance to date: £		Position					
Total Superannuation / Pension to date:	£	Date					
Tax week / month:							
Date of last wage increase:		I confirm that all the information give	en is true and complete.				
Date of next wage increase:		Authorisation Stamp.					
Date S.S.P. / S.M.P. started:							
		Contact Telephone Number:					

*Delete as appropriate

The information that you provide will only be used for Council purposes unless there is a legal authority to do otherwise.