

# ISLE OF WIGHT COUNCIL HOUSING BENEFIT/LOCAL COUNCIL TAX SUPPORT

## EMPLOYERS'S CERTIFICATE OF EARNINGS

**DO NOT COMPLETE THE PAY DETAILS YOURSELF - PLEASE ASK YOUR EMPLOYER TO COMPLETE THIS**

This form should only be completed if you do not have pay slips or you receive handwritten pay slips. Please enter on this form your name, address and occupation and pass it to your employer to complete the remaining information required.

Please note: If both you and your partner are in employment you must both provide original payslips or get your employer to complete a Certificate of Earnings for all employments.

<p>Applicant's name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%; height: 50px;" type="text"/></p> <p>Date employment commenced <input style="width: 100%;" type="text"/></p> <p>How often is your employee paid</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Weekly <input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Four weekly <input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Calendar monthly <input type="checkbox"/></td> </tr> </table> <p>How is your employee paid</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Cash <input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Cheque <input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Direct to bank account <input type="checkbox"/></td> </tr> </table>	Weekly <input type="checkbox"/>	Four weekly <input type="checkbox"/>	Calendar monthly <input type="checkbox"/>	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Direct to bank account <input type="checkbox"/>	<p>National Insurance Number <input style="width: 100%;" type="text"/></p> <p>Occupation <input style="width: 100%; height: 30px;" type="text"/></p> <p>How many hours a week do you work <input style="width: 100%;" type="text"/></p>
Weekly <input type="checkbox"/>	Four weekly <input type="checkbox"/>	Calendar monthly <input type="checkbox"/>					
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Direct to bank account <input type="checkbox"/>					

**Please complete ALL the boxes below with details of this employee's last five weeks/two months pay.**

WEEK/MONTH ENDED	GROSS PAY	INCOME TAX	NATIONAL INSURANCE	PRIVATE PENSION SUPERANNUATION	NET PAY
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
<b>CURRENT TAX YEAR - TOTALS AS AT WEEK/MONTH NO.</b>	£	£	£	£	£

AT WEEK/MONTH NUMBER \_\_\_\_\_ Date of last pay rise / / \_\_\_\_\_ Date of next pay rise / / \_\_\_\_\_

Does your employee receive any tips, commission, bonuses or overtime? If yes, please give details on separate sheet.

If this employee has not been in your employment for the full five week/two month period please give details of their terms of employment;

Monthly/four weekly/ weekly gross pay £ \_\_\_\_\_ and the date of the first payment / / \_\_\_\_\_

<p>Employer's name and address <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Company Stamp</p> <div style="border: 1px solid gray; width: 100%; height: 80px; display: flex; align-items: center; justify-content: center; font-size: 48px; opacity: 0.5;">STAMP</div>
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I confirm that the information given is true and complete. Date / / Telephone number \_\_\_\_\_

Signed \_\_\_\_\_ Position in company \_\_\_\_\_

*Once completed by the appropriate person the form may be scanned and emailed to [housing.benefit@iow.gov.uk](mailto:housing.benefit@iow.gov.uk) or visit one of the help centres at Ryde Library or Newport County Hall - details of the opening hours can be found on our website.*

*Alternatively, please post to Isle of Wight Council, Revenues and Benefits Services, PO Box 238, Newport, PO30 9FP.*

**For further information on Housing Benefit or Local Council Tax Support, please visit [www.iwight.com](http://www.iwight.com)**