



Claim reference:

Employer's certificate of earned income

HB2A

Part 1 - to be completed by the employee

Name

Address

**Employee or works
number**

National Insurance number

Occupation

Signature

Part 2 – to be completed by your employer

Please confirm the details above are correct and provide the information below. If you have a different National Insurance Number to the one above, please give details.

National insurance number:

Business details

Name and address

Postcode:

Telephone number:

E-mail address:

Date employee started working for you.

How often is the employee paid? E.g. weekly, fortnightly, 4-weekly

How do they get paid? E.g. cash, cheque, direct to bank account

Normal basic pay

£

Normal hours worked

Please complete the table below giving the number of entries required depending on how often your employee is paid.

Frequency of entries required: Last 5 weekly, 3 fortnightly, 2 monthly, 2 4-weekly pay periods.

Include any overtime, bonuses, statutory sick pay (SSP) or statutory maternity pay (SMP). If SSP or SMP is included in the gross pay, please state clearly how much.

Pay period ending	No of hours	Gross pay	Tax paid	National Insurance contributions	Occupational or personal pension contributions

Declaration To be completed by the employer

The information I have given is true to the best of my knowledge.

Signed _____

Print name _____

Position in business _____

Date _____

Please endorse with your business stamp below