



Revenues & Benefits Service  
Benefits Section  
PO BOX 1661  
Huddersfield  
HD1 9SR

Claim reference:  
Officer:

HB2B

## Employer's certificate of earned income for Non-dependant

### Part 1 - to be completed by the employee

Name		
Address		
Employee or works number		
National Insurance number		
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.

#### Business details

Name and address
Postcode:

#### Contact details

Telephone number:
Fax number:
E-mail address

How often is the employee paid? eg weekly, fortnightly, four weekly

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

Please enter Gross wages including overtime, bonus, commission, tips, WTC and any other payments before making any deductions for income tax, National Insurance, Superannuation etc.

Pay period ending	Hours worked	Gross Pay	
		£	p

**Expenses**

If the gross pay shown includes any reimbursement of expenses, ie laundry, bus fares etc, please say what items are covered and the average weekly amount

**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