



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

Claim reference:  
Officer:

HB2A

## Employer's certificate of earned income

### 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.

#### Business details

Name and address
Postcode:

#### Contact details

Telephone number:
Fax number:
E-mail address

Date employee started working for you

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

How do they get paid? eg cash, cheque, direct into the bank

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.

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 worked	Gross pay	Tax paid	National Insurance contributions paid	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