

Benefit Reference:

**Sevenoaks District Council**  
Benefit Services, PO Box 102, Argyle Road

# Certificate of Earned Income

Sevenoaks, Kent TN13 1GT  
Telephone: 01732 227000

**PRIVATE AND CONFIDENTIAL**

**Please complete the first section and then ask your employer to complete the second section, sign and return this form. Please use black ink.**

**To be completed by the employee:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employee/Works Number \_\_\_\_\_  
 National Insurance Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by employer:**

I would be grateful if you would assist your employee by confirming the details above, providing the information requested below and returning this form to the address at the top of this letter. If you hold a National Insurance Number which is different to that shown above please insert it here.

Date employment started

How often is your employee paid?

Weekly  Fortnightly  4 Weekly  Calendar Monthly  Other  \_\_\_\_\_  
(Please specify)

Please give the method of payment   
For example cash, cheque, direct into bank account

Please give - Normal Basic Pay  Normal hours worked

Pay details for the last 5 weeks, 3 fortnights or 2months/4 week periods, including overtime, bonus, SSP, SMP etc  
(If the wages vary please give details for the last 8 weeks or 3 months/4 week periods)

Pay period ending	No of hours worked	Gross Pay	National Insurance Contributions		Occupational or Personal Pension Contributions	Income Tax		Tax Credit	Net Pay
			Period	YTD		Period	YTD		

If Statutory Sick Pay or Maternity Pay is included in the Gross Pay please indicate clearly which is in payment and how much.

Name \_\_\_\_\_ Position in Business \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business Email \_\_\_\_\_

I confirm that the information given is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please endorse with your Business Stamp

