

CERTIFICATE of EARNINGS

SOUTH HOLLAND DISTRICT COUNCIL
 BENEFIT SECTION, PO BOX 8, PRIORY ROAD, SPALDING, PE11 2XQ
 TEL: 01775 761161 and ask for Benefits FAX: 01775 711253 EMAIL: benefits@sholland.gov.uk

APPLICANT

On this form WTC means Working Tax Credit

APPLICANT'S NAME

ADDRESS

.....

.....

..... POSTCODE

Please fill in your name and address in the box on the left, then ask your employer to fill in all the other white boxes.

NOTES TO THE EMPLOYER
 Will you please assist your employee by supplying the last 5 weeks wages if paid weekly or 2 months if paid monthly, and return this certificate to your employee.

GROSS PAY TO DATE £

INCOME TAX TO DATE £

NATIONAL INSURANCE (NI) TO DATE £

SUPERANNUATION TO DATE £

TAX WEEK NUMBER EMPLOYEE'S NI NUMBER

	DATE	GROSS PAY	INCOME TAX	NAT. INS.	SUPERANN.	WTC	Other Deductions	NET PAY
1								
2								
3								
4								
5								
	TOTAL	£	£	£	£	£	£	£

EMPLOYER'S SIGNATURE:

ADDRESS:

.....

Telephone Number:

EMPLOYER'S STAMP



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PARTNER

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PARTNER'S NAME

ADDRESS

.....

.....

..... POSTCODE

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2								
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	TOTAL	£	£	£	£	£	£	£

EMPLOYER'S SIGNATURE:

ADDRESS:

.....

Telephone Number:

EMPLOYER'S STAMP

