

Benefit Service

Telephone: **Benefit Services:** 01626 215078

Fax: 01626 215538

E-mail: revandbens@teignbridge.gov.uk



HB55 - Certificate of Earned Income

Date: _____

To be completed by the employee

| | | | |
|-------------------|--|--------------|--|
| Claimant Name: | | Ref: Number: | |
| Address: | | | |
| Post code: | | | |
| Telephone number: | | | |

| | |
|----------------|--|
| Employee name: | |
|----------------|--|

| | | | | | | | | | | | | | |
|------------------------|--|------------------------|---|--|--|--|--|--|--|--|--|--|--|
| Employee works number: | | National Insurance No: | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
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|--------------------------|--|
| Date employment started: | |
|--------------------------|--|

| | |
|----------------------|--|
| Place of employment: | |
|----------------------|--|

| | |
|-----------------------|--|
| Occupation/Job Title: | |
|-----------------------|--|

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

Declaration of earnings - To be completed by the employer

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning the form to your employee or to the address below. There is a time limit for your employee to supply this information so your early attention would be appreciated.

How often is the employee paid? If **other** please state the period

| | | | | |
|---------------------------------|--------------------------------------|-----------------------------------|---|--------------|
| Weekly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> | 4 weekly <input type="checkbox"/> | Calendar monthly <input type="checkbox"/> | Other: _____ |
|---------------------------------|--------------------------------------|-----------------------------------|---|--------------|

| | |
|---|--|
| Method of payment e.g. cash, cheque, banks transfer | |
|---|--|

| | | | |
|-------------------|---|---------------------|--|
| Normal Basic Wage | £ | Normal Hours worked | |
|-------------------|---|---------------------|--|

| | | | |
|----------------------------|--|------------------|--|
| Date of next/last pay rise | | Employees NI no. | |
|----------------------------|--|------------------|--|

Please enter pay details, for the last 5 weekly, 3 fortnightly or 2 monthly/4 weekly periods (including overtime, bonus, SSP, SMP, etc).

| Week/ Month No. | Pay period ending | No. of hours worked | Gross Pay | Gross Pay to date | Tax deductions | | NI deductions | | Occupational or Personal Pension Contributions |
|-----------------------|-------------------------|---------------------------|-----------|----------------------|----------------|---------|---------------|---------|---|
| | | | | | Pay period | To date | Pay period | To date | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which period is affected and how much is paid.

| | |
|----------------------------|--|
| Name: | |
| Business name: | |
| Business address: | |
| Business telephone number: | |

I confirm that the information given is, to the best of my knowledge true and complete. I understand that if I knowingly provide false or inaccurate information I may be liable for prosecution.

| | | | |
|-------------------|--|-------|--|
| Signature: | | Date: | |
| Print Name | | | |
| Position in firm: | | | |

Please endorse with the employers authorisation stamp in the box below

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Please return form to:

**Teignbridge District Council
Benefit Service
PO Box 2, Forde House
Newton Abbot
TQ12 4YR**