

Employers Confirmation of Earnings

Claimants Name:

Address:

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Please fill in this form to show the wages or salary you have paid in the last five weeks or two months to the person named above.

Please include overtime, bonuses commission, statutory maternity and sick pay and any wages paid whilst sick, and give details of the deductions you make.

Week/Month ending	No. Hours Worked	Gross Pay	Deductions			Benefits office use
			Income Tax	National Insurance	Superannuation	
		£	£	£	£	
		£	£	£	£	
		£	£	£	£	
		£	£	£	£	
		£	£	£	£	
		£	£	£	£	

If your Employee has recently started work, what was the date he/she was first paid?

Please enter your name here and give your business address

Today's Date

Business Address

Please note : We may telephone you or visit your office premises to confirm the information you have provided

Official Stamp