



FINANCE
Warwick District Council
Riverside House
Milverton Hill
Leamington Spa
CV32 5HZ
Tel: 01926 456760
E-Mail: benefits@warwickdc.gov.uk

REF: HB5 V.2 SEPT20

EMPLOYER'S CERTIFICATE OF EARNINGS (HB5) CONFIDENTIAL

NOTE TO EMPLOYEE

Please complete your details in the table below. Please then give it to your employer and ask them to complete the rest and return it to you. The completed form must then be returned to the Council. Please note: If both you and your partner are in employment both must get their employers to complete a certificate of earnings form. **If the figures supplied are an estimate, you must provide your first payslip when received.**

TITLE	INFORMATION
NAME	
CLAIM NUMBER	
ADDRESS	
OCCUPATION	
NAT. INS. NO.	
DATE	
SIGNATURE	

NOTE TO EMPLOYER

Will you please assist your employee by confirming the details above, completing this form and returning it to him/her. The gross wage/salary should include overtime, bonus, commission and any other payments before any deductions. **Please exclude Working Tax Credit details.**

PAY DETAILS	INFORMATION
PAY CYCLE (Weekly, Monthly etc)	
NORMAL BASIC WAGE	
CURRENT WAGE IF DIFFERENT (sick pay, maternity, paternity)	
NORMAL HOURS WORKED	

Please show below pay details: If paid weekly 5 weeks, if paid fortnightly 3 weeks, and if paid 4-weekly or monthly 2 periods pay details.

	Date	Gross Pay	Gross Pay to Date	Tax Week	Income Tax	Nat. Ins	Pension	Other*	Net Pay
Week/Month 1									
Week/Month 2									
Week 3									
Week 4									
Week 5									

*Please specify 'Other' deduction:

EMPLOYMENT DETAILS	INFORMATION
START DATE	
HOW PAID (BACS, CHQ)	
EMPLOYER NAME	
EMPLOYER ADDRESS	
EMPLOYERADDRESS (Contd)	
EMPLOYER TEL. NO.	

DETAILS OF PERSON COMPLETING FORM	INFORMATION
SIGNATURE & DATE	
POSITION IN COMPANY	

If your organisation has a Business Stamp please stamp the bottom right corner of this document.

Thank you for supplying the above information.