



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

REF: HB4 V.2 SEPT20

NON-DEPENDANT: EMPLOYER'S CERTIFICATE OF EARNINGS (HB4) CONFIDENTIAL

NOTE TO EMPLOYEE

Please enter below your (the non-dependant's) details: name, claim number, address, occupation, National Insurance Number, sign and date. Please ask the non-dependant to hand it to their employer and ask for it to be completed and returned to them. The completed form must then be returned to the Council.

| 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.