

Private and Confidential – Certificate of Earned Income

To be completed by employee

Name _____
Address _____

Employee / Works No: _____
Occupation _____
Signature _____

Return to:

FLINTSHIRE COUNTY COUNCIL
REVENUES & BENEFITS
COUNTY HALL, MOLD, FLINTSHIRE, CH7 6NA

FOR OFFICIAL USE ONLY

To be completed by employer (Please confirm Employees National Insurance Number)

I shall be grateful if you will assist your employee by confirming the details above, providing the information requested **below and overleaf** and returning it to the address at the top of this form.

Date they started work / / Have they had a pay rise in the last 12 months? NO Yes If 'Yes', what date did the rise start from? / /

Please indicate how often the employee is paid.

If *other* applies, please state the frequency.

Weekly Fortnightly 4-Weekly Calendar Monthly Other

Please indicate the method of payment, e.g. – Cash Cheque Direct into bank account

How many hours do they **normally** work per week? What is their **normal** basic wage? £ Do they ever receive bonus payments? No Yes

If 'Yes', how much is each bonus payment? £ How often are they made?

Do they ever work overtime? No Yes If 'Yes', how often is it worked?

PLEASE TURN OVER AND COMPLETE THE REST OF THE FORM

Please provide details of pay for the last **five** weekly, **three** fortnightly or **two** monthly/four weekly periods (Including overtime, bonus, SSP, SMP, etc.)

Week or Month ending	Number of Hours worked	Gross pay (excl. any tax credits)	Gross Pay to date (excl. any tax credits)	Tax Credit e.g. WFTC or DPTC	SSP Or SMP (please indicate)	National Insurance Contributions paid by employee		Tax paid by employee		Occ. Pension Or Personal Pension Conts.	Any other deductions (TOTAL)	Take Home Pay
						Pay Period	Year to date	Pay Period	Year to date			

What is the name and address of your company

What is the name and address your company's Head Office?

Please endorse with company stamp or send in company headed notepaper or a compliment slip

I confirm that the information given is true and complete.

Signature

NAME (please print)

Position in firm

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide, to process your claim for Housing Benefit and Council Tax Reduction. This is required under Housing Benefit and Council Tax Reduction regulations.

This information will be held securely on our system for a period of 7 years after your claim has been terminated.

Flintshire County Council may pass the information to other agencies or organisations such as the Department for Work and Pensions (D.W.P) and the HM Revenue & Customs (H.M.R.C), as allowed by the law.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime, and
- protect public funds.

Flintshire County Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website - <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>