



Employer's predicted earnings form – Housing Benefit and Council Tax Reduction

working for our community

Name

Ben Ref

Address

Job title

Date of birth

N.I. number

This section to be completed by the employer

Please assist your employee by completing the information required below and return this form to your employee or direct to the Benefits Service.

Date employment commenced

Employee number

How many hours are they contracted to work? per

Rate of pay or salary per

Will any bonuses or allowances be paid in addition to the above? Yes No

If so please give details

Do you expect that they will work more than the contracted hours above? Yes No

If so, how many hours? per

How often will they be paid?
Weekly
Fortnightly
Four weekly
Calendar monthly

If you know their tax code please enter it below

Please indicate how you will be paying your employee
Cash
Cheque
Direct bank transfer

Employer's name and address

(must be Head Office if they administer wages)

Employer's authorisation stamp

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Telephone

I certify that the information given is true and complete.

Employer's Signature

Print Name

Position in Firm

Date