

Please supply details of the last 5 weekly wages, 2 monthly wages, or 3 fortnightly wages.

Statement of Employer

Employed Earner (Full Name) : _____

Address: _____

National Insurance Number: _____

Employer: _____

Address: _____

Business: _____



RESOURCES DIRECTORATE
 FINANCIAL SERVICES DIVISION
 PO Box 2, Wharncliffe Road, Ilkeston
 Derbyshire DE7 5SE
 Direct telephone 0115 9071010
 Fax: 0115 907 1069
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 E-Mail: benefits@erewash.gov.uk



Employment Details

Dates employment started: _____

Dates employment ended (if applicable): _____

Starting and finishing times: _____

Employer's week ends on: _____

Address at which person employed: _____

Type of work: _____

How often is he/she paid? _____

Method of payment (i.e. cash, cheque or BACS): _____

Name of the person who can verify that the above person was employed and paid on the dates below _____

I certify that the particulars are true to the best of my knowledge and belief:

Signature _____ Date _____

Gross earnings (this employment) Previous Tax Year £		Gross earnings (this employment) Current Tax Year Tax Year £		Gross Tax to date Current Tax Year £		Gross NI to date Current Tax Year £		Week No.
Dates of Payment	Gross amount earned	Tax Deducted	Working Families Tax Credit	NI Deducted	Pension	Hours Worked		

Please complete and return as soon as possible. Thank you for your help.