

Claim reference number:

Employer:
Name:
Address:

Name:

Employed Earner:

1.

2.

3.

HARBOROUGH DISTRICT COUNCIL

Revenues and Benefits Service, PO Box 10004, Hinckley, LE10 9EJ
Telephone: 01858 828282 Fax: 01455 619853
E-mail: benefits@harborough.gov.uk Website: www.harborough.gov.uk

EARNINGS ENQUIRY FORM STATEMENT FROM EMPLOYER

Date:

N.I.N.O:									
Date emplo	oyment starte	d :							
Could you please complete this form to show at least the last: 5 weekly / 3 fortnightly / 2 monthly or 2 four weekly pay details as applicable									
PERIOD COVERED FROMTO	GROSS AMOUNT	TAX	N.I	SUPN/ PENSION	NET AMOUNT PAID	DATE OF PAYMENT AND TAX WEEK			

I		I	
•	•	•	

Completed by :	(signature)
Name :	
Position in company:	

Date: