



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

*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	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>
Four weekly	<input type="checkbox"/>
Calendar monthly	<input type="checkbox"/>

If you know there tax code please enter it below
<input type="text"/>

Please indicate how you will be paying your employee	
Cash	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
Direct bank transfer	<input type="checkbox"/>

Employer's name and address (must be Head Office if they administer wages)	Employer's authorisation stamp
<input type="text"/>	<input type="text"/>
<b>Telephone</b> <input type="text"/>	

I certify that the information given is true and complete.

Employer's Signature

Print Name

Position in Firm

Date