

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

Name <input style="width: 95%;" type="text"/>	Ben Ref <input style="width: 95%;" type="text"/>
Address <input style="width: 95%; height: 80px;" type="text"/>	Job title <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 95%;" type="text"/>
	N.I. number <input style="width: 95%;" type="text"/>

### 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 <input style="width: 95%;" type="text"/>	Employee number <input style="width: 95%;" type="text"/>
How many hours are they contracted to work? <input style="width: 20%;" type="text"/> per <input style="width: 20%;" type="text"/>	
Rate of pay or salary <input style="width: 20%;" type="text"/> per <input style="width: 20%;" type="text"/>	
Will any bonuses or allowances be paid in addition to the above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so please give details <input style="width: 95%; height: 20px;" type="text"/>	
Do you expect that they will work more than the contracted hours above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, how many hours? <input style="width: 20%;" type="text"/> per <input style="width: 20%;" type="text"/>	

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 their tax code please enter it below <input style="width: 95%; height: 40px;" 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"/>
--	--	---

<b>Employer's name and address</b> (must be Head Office if they administer wages)	<b>Employer's authorisation stamp</b>
<b>Telephone</b> <input style="width: 95%;" type="text"/>	

I certify that the information given is true and complete.

Employer's Signature	<input style="width: 95%;" type="text"/>	
Print Name	<input style="width: 95%;" type="text"/>	
Position in Firm	<input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>