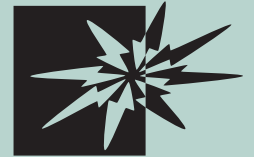


# 1 Pay form



Haringey Council

This form is for your employer to tell us about your wages. Please use it if you do not have payslips to send us. If you and your partner both work, you must each get your employer to fill in a pay form.

Please fill in this part of the form and ask your employer to fill in the rest of the form and send it to Benefits Service, Haringey Council, PO Box 10505, Wood Green, London, N22 7WJ.

Your name

Address

postcode

Employee or work number  National Insurance number

Occupation

## To be filled in by your employer

Please help your employee by confirming the details above, providing the information we have asked for below and returning it to the address at the top of this letter. If you hold a National Insurance number which is different to that shown above, please write it in here.

Please tell us how often you pay your employee.

Weekly  Fortnightly  Four-weekly  Calendar monthly  Other  (Please tell us.)

Please tell us how you pay them, for example, straight into the  Normal basic pay £  Normal hours worked

Please give us the pay details for the last five-weekly, three-fortnightly two-monthly and four-weekly periods (including overtime, bonus, SSP, SMP, and so on).

Pay period ending	Number of hour worked	Gross pay		Tax paid by employee		National Insurance contributions		This period Occupational or personal pension contributions
		This period	Year to date	This period	Year to date	This period	Year to date	

If Statutory Sick Pay or Maternity Pay is included in the gross pay, please tell us clearly which and how much.

Name

Name and business

Business address

postcode

Business phone number

Please put your company stamp in the box.

I confirm that the information is true and complete.

Signature

Position in business

Date  /  /