NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL
Revenues and Benefits Service, PO Box 10004, Hinckley, LE10 9EJ
Telephone: 01530 454551 Fax: 01455 619853
E-mail: benefits@nwleicestershire.gov.uk Website: www.nwleics.gov.uk

EARNINGS ENQUIRY FORM

STATEMENT FROM EMPLOYER

Claim reference number : Date :

1. Employer :

Name :

Address :

2. Employed Earner :

Name :

N.I.N.O :

Date employment started :

3. 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 FROM/TO	GROSS AMOUNT	TAX	N.I	SUPN/ PENSION	NET AMOUNT PAID	DATE OF PAYMENT AND TAX WEEK

Completed by : (signature)

Name :

Position in company :

Date :