TAX YEAR

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## CERTIFICATE OF PAY, TAX DEDUCTED AND SOCIAL INSURANCE CONTRIBUTIONS

TAXPAYER REF NO.		IDENTITY CARD NO.						
1 1 1 1								
EMPLOYEE'S SURNAME:								
FORENAME(S):								
EMPLOYER TAX REF:								
Total amount of Pay, Benefits in Kind paid and Tax deducted in this		GROSS PAY		£				
employment from 1 <sup>st</sup> July to 30 <sup>th</sup> June.		TAX DEDUCTED		£				
		BENEFIT IN F	KIND £					
Total No. of weekly Social		NO. OF WEEKLY CONTRIBUTIONS						
Insurance contributions made a	• • • • • • • • • • • • • • • • • • • •	ER	F	PN	OTHER			
total amount paid by this employee in this employment								
from 1 <sup>st</sup> July to 30 <sup>th</sup> June.		TOTAL EMPLOYEE CONTRIBUTION						
	£							
I/We certify that the particulars of	iven ah	ove include the	ne tota	amoun	at of nay (including			
I/We certify that the particulars given above include the total amount of pay (including overtime, bonus, commission etc.) paid to you, the total tax deducted, the number of weekly social insurance contributions and the amount deducted during the tax year stated above.								
Employers name (in full)								
Address (in full)			Date					
KEEP THIS CERTIFICATE. IT WILL HELP YOU CHECK ANY NOTICE OF ASSESSMENT WHICH THE TAX OFFICE MAY SEND YOU IN DUE COURSE.								

## INSTRUCTIONS TO EMPLOYER

- 1. A certificate must be given to each employee who was in your employment on 30th June.
- 2. The certificate should be prepared from the Forms P8 and P10, for the same tax year and must include the following:

Gross pay

Total tax

Employees Social Insurance contributions

Benefits in kind (if applicable)