

# Estimate of Earnings Form

## You must fill in this section

Please fill in your pay number, sign and date the form and then pass it to your employer who will fill in the necessary details.

Please note that any benefit assessed using this form will have to be re-assessed when you are able to provide proof of your actual earning. If you have been paid too much benefit because we have used an estimate, we will recover any overpaid benefit from you.

Name	<input style="width: 95%;" type="text"/>	Case Ref.	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%; height: 60px;" type="text"/>	Received by	<input style="width: 95%;" type="text"/>
		Date	<input style="width: 95%;" type="text"/>
Pay Number	<input style="width: 95%;" type="text"/>		

I give you permission to confirm the income I have earned for the next five weeks, three fortnights or two months and give the information to **The Benefits Section, Gateshead Council, Civic Centre, Regent Street, Gateshead, Tyne & Wear, NE8 1HH.**

In accordance with General Data Protection Regulations 2018, Gateshead Council will use any personal data to process your application. We may also share this data with other council services or public organisations if required by law to do so. Your personal data will only be used in respect of your claim and not for marketing purposes or passed to third parties. To read how we will use your information, please view our full privacy notice, at [www.gateshead.gov.uk/data-protection](http://www.gateshead.gov.uk/data-protection).

Your Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
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## Your employer must fill in this section

Please fill in this section, giving details of your employee's pay for the next five weeks, three fortnights or two months.

Pay period	Estimated Gross Earnings (before deductions)	Estimated Tax	Estimated National Insurance	Estimated Superannuation or pension contributions
From				
From				
From				
From				
From				

### Any further information

Please note that the employer **must** stamp this form with an official stamp, or attach a signed or stamped compliment slip or letter headed paper. If none of these can be provided, evidence must be provided to allow us to establish that the person who has completed the form is the employer (For example, self employed books, invoices, accounting statements). If the business is in Gateshead, we may be able to check your signature with that held on your business rate records. Please provide the address of the business to allow us to do this.

Your official stamp:  <input style="width: 95%; height: 80px;" type="text"/>	Your business address	<input style="width: 95%; height: 50px;" type="text"/>
	Your signature	<input style="width: 95%;" type="text"/>
	Date	<input style="width: 95%;" type="text"/>