



Please use your tax reference and National Insurance number if you contact us.

**You could end up paying too much tax if you do not complete this form.**

I need to check that the record of your recent jobs (or any periods when you were not working) since the date shown in Box A is correct.

To do this I need your help. Please answer the questions on this form and then return it to me in the envelope provided.

Box A

**Current details**

**If you are employed**, please enter the full name and head office address of your employer

Employer's name
Address
Postcode

The address where you work, if this is different

Address
Postcode

The date you started this job  
/ /

Your works or payroll number if you have one

The amount of your weekly or monthly pay before deductions £ <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>	How often are you paid? <i>✓ as appropriate</i> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
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<b>If you are not employed</b> , are you claiming Jobseekers Allowance?	<i>✓ as appropriate</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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If so, please enter the address of the Benefit Office

Address
Postcode

Weekly amount received £ <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Are you permanently retired?**  Yes  No

If you receive a pension, other than a Forces Disability or War Widows pension, please enter who pays the pension

Pension number

Weekly or monthly amount £ <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>	How often is the pension paid? Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
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Date the pension started  
/ /

*Please turn over*

## Current details continued

If you are self-employed, please enter the name and address of the business

Business name
Address
Postcode
Date the business started
/ /
If you are a partner, please enter the full name of the partnership

## Please complete in all cases

Your address (if not correct over the page)

Address
Postcode
Telephone number (including national dialling code)
Signature
Your National Insurance number (if not correct over the page)
Date of birth
/ /
Date
/ /

## Employment history

We would like to know what you did since the date shown in BOX A on the front page. Please list in date order, all the jobs you had and any periods when you were out of work. Please continue on a separate sheet if needed.

Date from/to <i>For example</i> Oct 03/Jan 04	Tick the appropriate box that applies to you <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning	Employed - enter your employer's full name, address and tax reference number Self-employed - enter your business name and address Jobseekers Allowance or Incapacity Benefit - enter the name of your Benefit Office	Total weekly income before stoppages and payroll or works number
/	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning	Full name Address Postcode Tax reference	£ . .
/	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning	Full name Address Postcode Tax reference	£ . .
/	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning	Full name Address Postcode Tax reference	£ . .