

### To be completed by the Benefits Agency

- Details of the weekly/monthly/annual benefit payments made during the previous tax year should be shown below together with the dates that the benefits were paid.
- Please make sure that the gross amount of benefit is included on this form, eg before deductions of any overpayment.
- Child benefit should not be included.
- Stamp and sign this form and return it to the person in receipt of the benefit.
- The Benefits Agency must **not** return it to any other party.

#### Weekly/monthly/annual benefit payments

Please confirm the amount of taxable and non-taxable benefits in the table below.

Benefits paid to:				
Benefit	Date from	Date to	Weekly/annual rate of benefit	Taxable Yes/No
	dd/mm/yyyy	dd/mm/yyyy		
	dd/mm/yyyy	dd/mm/yyyy		
	dd/mm/yyyy	dd/mm/yyyy		

Benefits paid to:				
Benefit	Date from	Date to	Weekly/annual rate of benefit	Taxable Yes/No
	dd/mm/yyyy	dd/mm/yyyy		
	dd/mm/yyyy	dd/mm/yyyy		

### Weekly/monthly/annual benefit payments

Please confirm the amount of taxable and non-taxable benefits in the table below.

Benefits paid to:				
Benefit	Date from	Date to	Weekly/annual rate of benefit	Taxable Yes/No
	dd/mm/yyyy	dd/mm/yyyy		
	dd/mm/yyyy	dd/mm/yyyy		
	dd/mm/yyyy	dd/mm/yyyy		

I certify that the above benefits/allowances were paid to the person named above.

Signed:  Date:

Please use official stamp

Designation of Benefits Agency contact:

Direct dial phone number: