



DECLARATION OF WAGES CERTIFICATE (To be completed by the employer)

Name of employee

Home address of employee
Post Code

Employed by

Employment commenced on

Current gross (before tax) weekly wage earnings of the worker

Amount of Fringe Benefits per week

What is the Fringe Benefit?

Number of days lost without pay

Employment during the past 12 weeks

Pay period start	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	Pay period end	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>
------------------	--	----------------	--

Gross (before tax) salary/wages as Stated for the above period Including Salary Sacrifices or Fringe Benefits

Amount of Salary Sacrifice per week

What is the Salary Sacrifice?

State the amount of monetary reimbursement for any travel expense incurred by the employee during the past 12 weeks, if any

DECLARATION	
I do declare that these details are correct	Company <input style="width: 95%;" type="text"/>
Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 100%; text-align: center;" type="text" value=" / /"/>
Name <input style="width: 95%;" type="text"/>	Affix Company Seal Here
Position <input style="width: 95%;" type="text"/>	

- Do not use white out on this form
- Any changes must be initialled by the employer