

CASHEL TOWN COUNCIL

INCOME CERTIFICATE

REF/ _____

NAME/ _____

ADDRESS/ _____

TO WHOM IT MAY CONCERN

(A) To be completed by Employer	(B) To be completed by Social Welfare Office
1. P.R.S.I. No. _____	1. P.R.S.I. No. _____
2. Present Weekly Wage _____	2. <u>Type of Benefit:</u>
3. Average Weekly Bonus (if any) _____	(a) Unemployment Assistance _____
4. Shift Allowance (if any) _____	(b) Unemployment Benefit _____
5. Current Tax Free Allowance _____	(c) Other - specify _____
6. % Rate of Tax _____	3. Rate of Benefit _____
7. Weekly P.R.S.I: _____	4. Pay Related Amount _____
CERTIFIED BY: _____ Employer.	5. Commencement Date of Benefit: _____
Address: _____ _____	CERTIFIED BY: _____ Employment Exchange.
OFFICIAL STAMP:	OFFICIAL STAMP: