 

**Council Tax Attachment of Earnings Detail Form PART B Former Employee**

**Details of the Former Employee**

|  |  |
| --- | --- |
| Name |   |
| Account Number |  |
| NINO / Payroll reference |  |
| Date of Birth |  |
| Date employment ceased |  |
| Employees current address (or last known address) |  |

**Details of the Employee’s new employment**

|  |  |
| --- | --- |
| Name of new employer |  |
| Address of new employer |  |

**Your Company Details**

|  |  |
| --- | --- |
| Employer name |  |
| Please amend name (if appropriate) |  |
| Employer payroll office (address for future communication)  |  |
| Please provide payroll office if different from above  |  |

**Person completing this form**

|  |  |
| --- | --- |
| Name (please print) |  |
| Position in company |  |
| Email |  |
| Telephone number |  |
| Signature |  |
| Date |  |

Please return the completed form to employerdeductions@croydon.gov.uk