

PROOF OF NATIONAL INSURANCE NUMBER

P45 FORM

P45 Part 1
Details of employee leaving work

HM Revenue & Customs

Use capital letters when filling in this form

1 Employer PAYE reference Office number Reference number

2 Employee's National Insurance number

3 Title - enter MR, MRS, MISS, MS or other title
Surname or family name
First name(s)

4 Leaving date DD MM YYYY

5 Student Loan deductions
 Enter 'Y' if Student Loan deduction is due to be made

6 Tax code at leaving date
If week 1 or month 1 applies, enter 'X' in the box below.
Week 1/month 1

7 Last entries on Payroll record/Deductions Working Sheet.
Complete only if tax code is cumulative. Make no entry if week 1 or month 1 applies, go straight to box 8.
Week number Month number

8 This employment pay and tax. Leave blank if the tax code is cumulative and the amounts are the same as box 6.
Total pay in this employment P
Total tax in this employment P

9 Works number/Payroll number and Department or branch (if any)

10 Gender: Enter 'X' in the appropriate box
Male Female

11 Date of birth DD MM YYYY

12 Employee's private address
Postcode

13 I certify that the details entered in items 1 to 11 on this form are correct.
Employer name and address
Postcode
Date DD MM YYYY

When an employee dies, enter the date of death in the field on the last Full Payment Submission.

Instructions for the employer
Fill in this form in full. Make sure the details are clear on all parts of this form and that your name and address are shown on Parts 1 and 1A.
Enter the date of leaving on the Full Payment Submission for your employee.
Give completed Parts 1A, 2 and 3 to your employee when they leave.

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PAYSLIP

EMPLOYEE No.	EMPLOYEE NAME	PROCESS DATE	NATIONAL INSURANCE No.
01	Mr ABC XYZ	30-Apr-2016	SC 56 52 10 C
PAYMENTS		DEDUCTIONS	
UNITS	RATE	AMOUNT	AMOUNT
Basic Pay		1,000.00	Income Tax 16.40
Total Payments		1,000.00	National Insurance 39.36
			Total Deductions 55.76
Mr ABC XYZ 123 London Road London E1W 2XY		THIS PERIOD	YEAR TO DATE
		Total Payments 1,000.00 Total Deductions 55.76	Taxable Gross Pay 1,000.00 Income Tax 16.40 Employee NIC 39.36 Employer NIC 44.71
Test Company		NET PAY	944.24
Tax Code: 1100L NI table: A Dept: Default Tax Period: Apr-2016 Payment Method: BACS			

NATIONAL INSURANCE CARD

**NATIONAL
INSURANCE
NUMBERCARD**

NI Number

AB 12 34 56 C

YOUR FULL NAME

THIS IS NOT PROOF OF IDENTITY