S		help to fil mployer l						P1	4 E	nd of	Yea	r Sumr	nary	202	23 - 2	24 78	84
Your name and address as employer Demo Employer no 83 heathfield									-	Year t			2023				
BR5 6BP United Kingdom										Employer PAYE reference 999 / P999							
Emplo	oyee's	C	opy from F	P11					DD	MM	YYY	(
Nationa Insuran number	nce r					Date of in figure		07/11/	1987		Gender	М		-male, female			
Surnam	ne	Archie							Empl		ivete e	ddrooo inol	nastas	do (if			
First two J forenames		John					Arundel Road Uxbridge				rivate address incl. postcode (if						
Works/	,	50							UB8 2 United	ŘR I Kingdom							
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_		urance con	tributior	ns in th	nis			(Note: L	LEL=Lo	wer Earning	ıs Limit,	PT=Primary Th	reshold,				
NIC table letter	Earnings at the LEL(where earnings are equal to or exceed the LEL)		above the above LEL,up to PT, up and and		Earnings above the PT, up to and including	e abo UAI and	ove the P,up to	Total of employee' and employer's contributio	lf amou s's in col.1 a minus s amoun		S	Employee's contributions due on all earnings above the PT		Scheme Contract Number	ut		
	(whol	(whole £s) the PT (whole			£s) (whole £s) (wh		e UEL /hole £s)						Money Purchase schemes OR Contracted-out Money				
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