

# EMPLOYEE CEASING CERTIFICATE

IRD 4

**Employee's Details**

Name:

Address:

**Employer's Details**

Name:

Address:



Income Year

Start date of employment for income year:   
Day / Month/Year

Finish date of employment for income year:   
Day / Month / Year

Tick one only

Full time employment (Minimum 25 hours per week)

Part time employment

Gross income (Include any income other than cash and prior to any deductions) \$

Deduction for appropriate pension fund \$

Income tax deducted \$

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