

HOUSING BENEFIT & COUNCIL TAX BENEFIT SELF EMPLOYED EARNINGS INFORMATION

SECTION 1 - About Yourself

Title Last name Other names

Address

Postcode

SECTION 2 - About your business

Name of business

Business Address

Postcode

Type of Business

Date Business commenced Start date of current financial year

Average number of hours worked per week

Is your business a partnership Yes No

If yes, what percentage of the total profit/loss is yours? % (Please provide partnership agreement)

Is your husband/wife a partner in the business? Yes No

If yes, what percentage of the profit/loss is theirs? %

Is your husband/wife on the payroll of the business? Yes No

If yes, what are his/her earnings? £ every

Are there any other people on the payroll of the business Yes No

Do you use part of your own home for business purposes Yes No

If yes, please give details

SECTION 3 - About the Business Income

Do you have any prepared accounts (audited or otherwise) for the last financial year? Yes No

If yes, return an original set of the accounts with this form - go to SECTION 5

If no, state reason why and the date you expect to have them

Do you have your latest Schedule D Tax Assessment? (If yes, return it with this form). Yes No

If no, state reason why and the date you expect to receive it

If you do not have any prepared accounts or if you have not been trading for a full year, please complete SECTION 4

SECTION 4 - Income and Expenditure

COMPLETE THIS SECTION ONLY IF YOU DO NOT HAVE ANY PREPARED ACCOUNTS FOR THE LAST FINANCIAL YEAR OR IF YOU HAVE NOT BEEN TRADING FOR A FULL YEAR.

State exact period covered From To

This should be your last financial year OR if you have not been trading for a year it should be the date your business started until the current date.

SALES/TAKINGS/INCOME	£	<input type="text"/>	+
Plus VAT REFUNDED	£	<input type="text"/>	+
Plus ENTERPRISE ALLOWANCE	£	<input type="text"/>	+
Plus CLOSING STOCK	£	<input type="text"/>	+
Less COST OF SALES (Purchases)	£	<input type="text"/>	-
Less VAT PAID OUT	£	<input type="text"/>	-
Less OPENING STOCK	£	<input type="text"/>	-
GROSS PROFIT	£	<input type="text"/>	

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EXPENSES

YOU MUST ONLY INCLUDE AMOUNTS THAT RELATE SOLELY TO THE BUSINESS eg Telephone - if calls are made you must apportion the total cost in accordance with the amount of private use and enter the amount for business use only.

DRAWINGS (Cash or Stock)	£	<input type="text"/>
WAGES PAID OUT		
TO SELF	£	<input type="text"/>
TO SPOUSE/PARTNER	£	<input type="text"/>
TO OTHERS	£	<input type="text"/>
RENT (Business premises or proportion of your home rent attributed to business)	£	<input type="text"/>
BUSINESS RATES	£	<input type="text"/>
HEATING AND LIGHTING	£	<input type="text"/>
CLEANING	£	<input type="text"/>
TELEPHONE	£	<input type="text"/>
BUSINESS INSURANCE	£	<input type="text"/>
ADVERTISING	£	<input type="text"/>
PRINTING & STATIONERY	£	<input type="text"/>
POSTAGE	£	<input type="text"/>
ACCOUNTANTS CHARGE	£	<input type="text"/>
BANK CHARGES	£	<input type="text"/>
INTEREST PAYMENTS ON BUSINESS LOAN	£	<input type="text"/>
<small>(Please enclose copy of loan agreement)</small>		

REPAIR/REPLACEMENT OF BUSINESS ASSET £
(Do not include motoring)

Was this covered by insurance? Yes No

LEASING CHARGES £

Please state what is leased.

Business Entertainment £

Bad Debts £

(Please give details)

Other Expenses £

(Please give details)

MOTORING EXPENSES

Car Lease £

Road Tax £

Petrol/Diesel £

Repairs £

Insurance £

Who owns the vehicles? Self Business

If business, do you use other than for business? Yes No

YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY EXPENSE ITEM LISTED.

THE HOUSING BENEFIT OFFICE WILL CONTACT YOU IF NECESSARY.

Is it reasonable to assume that the trading figures for the next six months will be similar to those given above? Yes No

If no, please explain the likely differences

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SECTION 5 - Other Outgoings

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NATIONAL INSURANCE

- Do you hold an exemption certificate?

Yes No

If no, please provide evidence of your contributions

£ weekly/monthly/annually

PERSONAL PENSION CONTRIBUTIONS

Contribution to personal pension scheme

£ weekly/monthly/annually

You must provide proof of the scheme to which you belong and of the payments made.

SECTION 6 - Declaration

PLEASE READ THIS CAREFULLY BEFORE YOU SIGN AND DATE IT.

I understand the following:-

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the council, rent offices, other councils and elsewhere.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

I know I must let the council know about any changes in my circumstances which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

