

## SELF EMPLOYED EARNINGS INFORMATION

(ONLY TO BE COMPLETED IF NO PREPARED ACCOUNTS AVAILABLE WHERE SELF  
EMPLOYMENT IS LESS THAN 2 YEARS)

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### ABOUT YOURSELF

Local Authority Reference No:

Surname

Other Names

Address

Post Code:

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### ABOUT YOUR BUSINESS

Name and Address of  
Business

Post Code:

Business Tel No.

Home Tel No.

Type of business

Start date of your  
current financial year

Date business  
commenced

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 total profit/loss is his/hers?

%

Is your husband/wife on the payroll of the business?

Yes  No

If 'Yes', how much do they earn?

£

Every

**3****ABOUT THE BUSINESS INCOME**

Do you have any prepared accounts (audited or otherwise) for the last financial year?  
 If yes, return a copy with this form and go straight to Section 5

Yes  No

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

**If you do not have any prepared accounts or if you have not been trading for a full year please complete Section 4 of this form.**

**4****INCOME AND EXPENSES**

**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.**

If you have just started your self employed business please complete with your estimated earnings. (If your earnings increase from the estimated figure you must notify this office immediately)

 £

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 to current date)

Sales/takings/income (do not include business loans as income)	£
<b>Plus</b> VAT refunds	£
<b>Plus</b> Enterprise Allowance	£
<b>Plus</b> Closing stock	£
<b>Less</b> Cost of sales (purchases)	£
<b>Less</b> VAT paid out	£
<b>Less</b> Opening stock	£

**= GROSS PROFIT**

 £
**EXPENSES**

**YOU MUST ONLY INCLUDE AMOUNTS THAT RELATE SOLELY TO THE BUSINESS -**

(Such as 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)

 £

Wages paid out: • Yourself

 £

• Your spouse ie. wife/husband/partner

 £

• Others

 £

Rent for business premises ONLY

(proportion of your home rent if this accommodation is used for the business)

£

Business rates

£

Heating and lighting for business premises ONLY

£

Cleaning for business premises and assets ONLY

£

Telephone - Business percentage only

£

Business insurance

£

Please state what is insured:

Advertising

£

Printing and stationery

£

Postage

£

Special Clothing

£

(Please specify special clothing requirement)

Accountants charge

£

Bank Charges

£

Interest payments on business loan

(Please enclose copy of loan agreement)

£

Confirm purpose of loan

Repair/replacement of a business asset  
(Do not include motoring)

£

Was this covered by an insurance payment to you or anyone else connected to the business?

Yes

No

Leasing charges (do not include car)

£

Please state what is leased:

Proven bad debt

Other expenses which are not listed overleaf

Please specify expenses and amount

**MOTERING EXPENSES FOR BUSINESS USE ONLY**

(If vehicle is used for business and personal use please only show the percentage for business use)

Car lease  Road tax

Petrol/diesel  Repairs

Insurance  Who owns the vehicle(s)? Self  Business

If company vehicle, do you have use of it outside of business? Yes  No

Please state what percentage if used for business use Business use

**You may be required to provide proof of any of the expense items listed - if so, the Council will write to you**

Is it reasonable to assume that the trading figures for the next 6 months will be similar to those quoted above?

Yes  No  If no, please explain likely differences:

**IF THERE ARE ANY SIGNIFICANT CHANGES IN YOUR INCOME YOU MUST ADVISE THIS OFFICE, IN WRITING, IMMEDIATELY AS ANY OVERPAID BENEFIT WILL BE RECOVERED FROM YOU.**

**5 YOUR DECLARATION**

**Please read this declaration carefully before you date and sign 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 Support, or both. You may check some of the information with other sources within the Council, rent offices and other Councils.
- \* You may use any of the 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 of this information to other government organisations, if 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 on this form is correct and complete.

Signature of person claiming \_\_\_\_\_ Date \_\_\_\_\_