

Self Employed Details

Section 1 – About you and your address

Please only complete this form if you do not have certified accounts. If you have been trading for more than twelve months, please explain why these accounts are not available in Section 4.

Name

Address

Telephone number

E-mail address

Benefit claim number

Unique Tax Reference Number

Section 2 – About the business

Name and address of the business

Date business started

Nature of business

Start date of your financial year

Is this a partnership? If so, who with? Yes No

Relationship of partner(s) to yourself?

Percentage of profit/loss that is yours?

Number of hours you work

Only complete the next three questions if your spouse/partner is employed by you.

Is your partner on the payroll?

Yes No

☆ Please provide payslips if yes

If yes, what are their earnings?

£ per day/week/four weeks/month

Are they registered to pay Tax and National Insurance

Yes No

Are there any other employees of your business

Yes No

☆ Please provide payslips if yes

Do you use you home for business purposes?

Yes No

☆ Please provide details below if

Section 3 – Business income and expenditure

If you have been trading more than twelve months, you should either provide certified accounts or complete Section 3. If you have accounts please go straight to Section 4.

☆ Please provide certified accounts if available

Please state the exact period your answers will cover. This should be the last twelve months. If the business has not been in operation for twelve months, then your answers should cover from the start date up to todays date.

From To



Sales/takings/income	£ <input type="text"/>
PLUS VAT refunded	£ <input type="text"/>
PLUS Business Startup 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 operating stock	£ <input type="text"/>
EQUALS GROSS PROFIT	£ <input type="text"/>

About your business expenses.

Expenses may only be accepted if they are paid through the business bank account. Any **NOT** paid through the business bank account **will not be accepted**. You must provide proof of your business bank account showing the last two months transactions.

Please only include expenses incurred solely by the business. For example, for telephone calls you must only include calls for business and **not** personal use.

Drawings	£ <input type="text"/>
Wages paid out:	£ <input type="text"/>
To yourself	£ <input type="text"/>
Husband, wife or partner	£ <input type="text"/>
To Others	£ <input type="text"/>
Rent/mortgages on business premises	£ <input type="text"/>
Business Rates	£ <input type="text"/>
Cleaning	£ <input type="text"/>

Telephone

Business insurance

	<input type="text" value="☆ Please state what is insured."/>
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Advertising

Printing and stationery

Postage

Accountants charge

Bank charges

Interest on business loan

Repairs/replacements of lost or damaged business assets (except motoring)

Was the damaged covered by insurance ? Yes No

Leasing charges (not including car)

About your motoring expenses
These expenses **must be paid through the business bank account** and **should not include any amounts which are for personal use**. If your vehicle is for both personal and professional use, we will need to know an approximate split. I.e 75% personal, 25% business use

Does the vehicle belong to the business?

or your personally ? (delete as appropriate)



Percentage that is attributable to:

Business use	%
Personal use	%

Car lease / Repayment of loan

Petrol

Road Tax

Car insurance

☆ Please provide certificate.

Section 4 – Other expenses

Do you make any contributions to a personal pension scheme? Yes No

If yes, how much do you pay ?

☆ Please provide proof of membership and payments made

How often do you pay this ?
(delete as appropriate) weekly/fourweekly/monthly/quarterly/annually

Other expenses (please specify)

Is it reasonable to assume that the trading figures for the next 6 months will be similar to those quoted on this form? If no, please explain why in the space provided below.

Yes No



Please use the space below to explain why you do not have certified accounts (if applicable).

Please give the name, address and telephone number of your accountant, if you have one

Is there anything else we should know?



Section 5 – Declaration

Declaration: Please read this statement carefully and sign below

All the information I have given is true and complete. I understand that the Council can prosecute anybody who gives false information or documents about their claim or anybody who keeps claiming benefit after their circumstances have changed in a way that would affect whether they would receive benefits. If I have not given true and complete information and I get too much benefit or discount, the Council can ask me to pay it back. I may also be prosecuted under the Social Security Administration Act 1992.

If someone else has filled this form in for you, please tell us.

Name of the person

Their relationship to you

Why they filled in the form for you

Signature of the person

 Date/..../....

I have checked the form or the contents of the form have been read back to me and I believe that it is true and complete.

Claimant's signature

 Date/..../....

Partner's signature

 Date/..../....

If you have provided an e-mail address we will now issue notifications to you electronically. If you do not wish to do so please tick this box.
