

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 qu	uestions if y	our spouse/partner i	s employed by you.
Is your partner on the payroll?	Yes	No	Hease provide payslips if yes
If yes, what are their earnings?	£ po	er day/week/four week	s/month
Are they registered to pay Tax and National Insurance	Yes	No	
Are there any other employees of your business	Yes	No	서 Please provide payslips if yes
Do you use you home for business purposes?	Yes	No	$\stackrel{\Lambda}{\sim}$ 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.

 $\stackrel{\scriptstyle \checkmark}{\nu}$ 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

То

Sales/takings/income	£
PLUS VAT refunded	£
PLUS Business Startup Allowance	£
PLUS closing stock	£
LESS cost of sales (purchases)	£
LESS VAT paid out	£
LESS operating stock	£
EQUALS GROSS PROFIT	£

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.

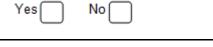
Drawings	£
Wages paid out:	£
To yourself	£
Husband, wife or partner	£
To Others	£
Rent/mortgages on business premises	£
Business Rates	£
Cleaning	£

Telephone	£]
Business insurance	£]
		$\frac{1}{10}$ Please state what is insured.
Advertising	£]
Printing and stationery	£]
Postage	£]
Accountants charge	£]
Bank charges	£]
Interest on business loan	£	Please provide loan agreement.
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)	"The vehicle belongs to "The vehicle belongs t o	

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 sheme?	Yes No
	£
pension sheme?	
pension sheme? If yes, how much do you pay ? How often do you pay this ?	€
pension sheme? If yes, how much do you pay ? How often do you pay this ? (delete as appropriate)	€
pension sheme? If yes, how much do you pay ? How often do you pay this ? (delete as appropriate)	€

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.



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.