



Self Employed Earnings Declaration

PLEASE COMPLETE USING BLACK INK

Claim no: Date of issue:

Full name:

Home address:

Name of business:

Type of business:

Business address:

Average hours worked per week: Date business commen

Start date of current financial year:

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 theirs?

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

If Yes, what are his / her earnings?

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, give details:

Do you have any prepared accounts (audited or otherwise) for the last financial year? If **Yes**, return an original set of the accounts with this form. If **No**, state reason why and the 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 fully complete this form.

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

SALES / TAKINGS / INCOME	<input type="text"/>
Plus VAT refunded	<input type="text"/> +
Plus Business Start Up	<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"/>

EXPENSES

You must only include amounts that relate solely to the business e.g. 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.

Business only	
Rent (for business purposes only)	£
Business rates	£
Heating and lighting	£
Cleaning	£
Telephone	£
Postage	£
Bank charges*	£
TOTAL	£

*If you have a separate bank account for business please enclose statements for the whole period.

MOTORING EXPENSES

Petrol / Diesel	£
Car lease	£
Insurance	£
Road tax	£
Repairs	£
TOTAL	£

Who owns the vehicles?

Self Business

If business, do you use other than for business?

Yes No

OTHER EXPENSES

Drawings (cash or stock)	£
Wages paid to self	£
Wages paid to spouse	£
Wages paid to others	£
Advertising	£
Printing and stationery	£
Accountants charges	£
Business entertainment	£
Business insurance	£
TOTAL	£

See note 1

Please state what is covered by insurance:

Interest payments on any business loans:
(Please enclose a copy of the loan arrangement)

£

Repairs of business assets:

£

(Do not include Motoring - see above. If a loan has been taken out for this purpose please enclose the loan documents.)

Was this expense covered by insurance?

Yes No

Replacement of business assets:

£

(If a loan has been taken out for this purpose please enclose the loan documents.)

Was this expense covered by insurance?

Yes

No

Leasing charges:

(Do not include Motoring - see above.)

£

Please state what is leased:

Bad debts (proven - i.e. where default has occurred):

£

Please specify:

Other expenses please specify:

	£
	£
	£
	£
TOTAL	£

You may be asked to provide proof of any expense items listed - if so we will write to you.

Is it reasonable to assume that the trading figures for the next 3 - 6 months will be similar to those quoted?

Yes No If No, please explain likely difference:

National Insurance contributions

Do you hold an exemption certificate?

Yes

No

Income Tax paid:

Please include your latest tax assessment letter; if not available please state why:

Personal Pension Contributions

Do you contribute to a personal pension? Yes No

If Yes, please state the amount paid, and provide proof of the payments and membership of scheme.

What is the frequency of the contribution payment (e.g. weekly / monthly)?

Note 1

Wages paid to others

Please give details of their name, address and amount of wages paid:

Name of employee	Address	Amount paid

Any other information you wish to give:

Please read this declaration 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 and other councils.
- 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: Date: