

SELF EMPLOYED EARNINGS INFORMATION

SECTION 1 – ABOUT YOURSELF

LAST NAME	TITLE
OTHER NAMES	TEL. NOS.
ADDRESS	POST CODE

SECTION 2 – ABOUT YOUR BUSINESS

Name of Business		Business Telephone Number:
Type of Business		
Business Address		
Exact Date Business Commenced	/	/
Start Date of Current Business Financial Year	/	/
Average weekly hours worked		
Is your Business a Partnership	YES/NO	Please provide your Partnership agreement or any other documents you have with regards to the terms/contract of your business agreement.
If yes, what percentage of profit/loss is yours	%	
Is your partner/husband/wife a partner in the business	YES/NO	
If yes, what percentage of the profit/loss is theirs	%	
Is your partner/husband/wife on the business payroll	YES/NO	
Is your business a limited company	YES/NO	
Are you a sole trader	YES/NO	
Do you use part of your home for business purposes (eg: room/part of room): give details:		

SECTION 3 – ABOUT THE BUSINESS INCOME

Do you have any audited accounts (prepared or otherwise) for the last financial year	YES/NO
If yes, please provide a copy with this form, If no, please state reason why or date you expect to have them:	
Please state your Inland Revenue Tax Reference	
Do you have your latest Schedule D Tax Assessment	YES/NO (If yes, return with this form)
If no, please state reason why and date you expect to have it:	/ /

SECTION 4 – INCOME AND EXPENDITURE

For the period from / / to / /

This should be either:

1. Your last financial year
2. If you have been trading for less than a year, it should be from the date you started trading to the current date
3. If you have been trading for less than 3 months, an estimated business period for the next 3 months.

TOTALS FOR BUSINESS PERIOD		OFFICE USE ONLY
SALES/TAKINGS/ INCOME	£ :	
PLUS CLOSING STOCK (AT END OF BUSINESS PERIOD)	£ :	
PLUS ENTERPRISE ALLOWANCE/BUSINESS START- UP	£ :	
TOTAL	£ :	
LESS OPENING STOCK (AT BEGINNING OF BUSINESS PERIOD)	£ :	
TOTAL GROSS PROFIT/INCOME	£ :	
EXPENSES (YOU MUST ONLY INCLUDE AMOUNTS WHICH RELATE SOLELY TO THE BUSINESS)		
Please remember this is a total expense figure for the Business period stated on this form. Where an expense is listed which may also be used for personal use (eg: telephone) please state the amount used for business purposes only (proof of percentage of bill/service may be required from you). Only allowable expenses will be disregarded from your Gross Income in the determination of entitlement to Housing/Council Tax Benefit.		
EXPENSE ITEM	COST	OFFICE USE ONLY
DRAWINGS (cash or stock taken from the business)	£ :	
WAGES PAID OUT:		
To Self	£ :	
To Spouse/Partner	£ :	
To Others	£ :	
PURCHASE OF STOCK	£ :	
BUSINESS RATES	£ :	
RENT ON BUSINESS PREMISES PLEASE PROVIDE TENANCY AGREEMENT	£ :	
RENT ON YOUR HOME PROPORTION ATTRIBUTED TO RENT ONLY	£ :	
HEATING & LIGHTING IF ON YOUR HOME, BUSINESS USE ONLY	£ :	
CLEANING (BUSINESS PREMISES OR ASSETS)	£ :	
SPECIAL/PROTECTIVE CLOTHING	£ :	
TELEPHONE	£ :	
POSTAGE/PACKING	£ :	
PRINTING/STATIONARY	£ :	
ADVERTISING	£ :	
ACCOUNTANTS CHARGES	£ :	
BANK CHARGES	£ :	
LEGAL FEES (PROVIDE RELEVANT DOCUMENTS)	£ :	
CARRIAGE & DELIVERY COSTS	£ :	
HIRE & LEASING CHARGES	£ :	
INSURANCE FOR BUSINESS LIABILITIES/ASSETS (INSURANCE POLICY REQUIRED)	£ :	
DEBT RECOVERY COSTS	£ :	
INTEREST PAYMENTS ON BUSINESS LOANS (PROVIDE LOAN AGREEMENT)	£ :	
CAPITAL REPAYMENT FOR REPAIR/REPLACEMENT OF BUSINESS ASSET NOT FULLY COVERED BY INSURANCE (NOT INCLUDING MOTOR) – A COPY OF INSURANCE POLICY TO BE SUPPLIED IF ONLY PART COVER	£ :	
PROVEN BAD DEBTS (DEATH/BANKRUPTCY/LIQUIDATION/INSOLVENCY OR DEBTOR) PLEASE PROVIDE DOCUMENTARY EVIDENCE	£ :	

	£	:	
1.	£	:	
2.	£	:	

MOTORING EXPENSES		OFFICE USE ONLY
CAR LEASE	£ :	
ROAD TAX	£ :	
PETROL/DIESEL	£ :	
FARES	£ :	
REPAIRS (not covered by insurance)	£ :	
INSURANCE	£ :	
Who owns the vehicle(s)	SELF/BUSINESS	
Is the vehicle used other than for business	YES/NO	
TOTAL EXPENDITURE (ALL EXPENSES LISTED)	£ :	
Is it reasonable to assume that the trading figures you have stated on this form will be the likely or expected income for the next 52 weeks?	YES/NO	
If no, please state your reasons:		

YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL EVIDENCE OF ANY EXPENSE ITEM LISTED ON THIS FORM IN ADDITION TO THOSE ALREADY REQUESTED.

NATIONAL INSURANCE NUMBER	<input type="text"/>	OFFICE USE ONLY
NATIONAL INSURANCE CONTRIBUTIONS (Please state and provide proof evidence of your contributions)	Wkly/Mnthly/Annual <input type="text"/>	
Do you hold an exemption certificate? (If yes, please provide)	YES/NO	
PERSONAL PENSION CONTRIBUTIONS Contribution to personal pension scheme (Please provide documentary evidence to show all details of the pension scheme)	Wkly/Mnthly/Annual <input type="text"/>	

SECTION 6 – DECLARATION

PLEASE READ THIS CAREFULLY BEFORE YOU SIGN AND DATE IT.

I understand that you may contact or exchange information with other Government/Local Authority offices to check or give information I have given on this form, to obtain information, and prevent or detect crime and to protect public funds as allowed by law.

I understand that the information I have given will be used to process my claim for Council Tax Support/Housing Benefit or both.

I understand that I must tell you immediately of any change in circumstances which might affect my claim
I declare that the information I have given on this self-employed summary form is true and complete.

Signature of claimant:

Full name of claimant:

Date:

OFFICE USE ONLY:(notes/information to follow)