

Housing Benefit / Council Tax Support

Full self-employed income form

Please complete all sections

Company Directors: This form should not be used if you are a Director of a Company. Please contact us for more information.

About you

Name			
Address			
Claim No/		NINO	

Home telephone number	
Work telephone number	
Mobile telephone number	
Email address	

About your business

Name of your business	
Address of your business	
Website address	
Type of business (What type of work do you do?)	

Date business started	
Start date of your current trading year	

Is your business registered with HMRC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is your Tax reference?	

Are you VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is your VAT registration number?	

Average number of hours worked a week	
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Do you trade on Ebay?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is your Ebay trading name?	

Is anyone else a partner in your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give their name and address	
If yes, what total percentage of the profit / loss is yours?	

Do you have accounts / records for the last financial year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please enclose a copy with this form.	
If no, give the reason why not and the date they are expected	

Self-employed assessment sheet

For period from		to	
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<p>What is your gross income from business? <i>(The total before Tax, National Insurance and any other expenses are taken into consideration. This includes all tips you receive.)</i></p>	£
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Expenses

(Only include amounts relating **solely to the business**. Private expenses must not be included)

Wages - paid to wife or husband, or person you live with as husband or wife	£
Wages - paid to others	£
Rent or use of home for business premises	£
Heating & lighting	£
If you use part of your home for your self-employment, how many hours per month do you work from home?	
Cleaning	£
Advertising	£
Printing & Stationery	£
Postage	£
Telephone <i>(business only)</i>	£
Insurance - e.g. public liability insurance	£
Bank charges <i>(account used for business only)</i>	£
Accountancy / bookkeeping fees	£
Goods / Materials	£
Interest payments on business loans	£
Please provide a copies of any loan agreements and confirm the purpose of the loans:	
Repair / replacement of an existing business asset	£
Was this repair / replacement covered by insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Other expenses</p> <p><i>(Please give full details or we may not be able to take these into account. Continue on a separate sheet if necessary)</i></p>	
VAT - paid out or refunded <i>(please state which)</i>	£
Motor expenses	
What is your business mileage per week? <i>(This must be miles incurred for business travel only)</i>	

Does your business involve buying and selling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes:	
1. What was the value of the stock at the start of the period?	£
2. How much have you spent adding to your stock?	£
3. How much did you make in sales?	£
4. What is the value of the stock you have left?	£

Do you receive an allowance under the New Deal scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give the weekly amount	£
If no, give the date the allowance finished	

<p>Is it reasonable to assume that the trading figures for the next 12 months will be similar to those you have quoted on this form?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If no, please explain the likely differences</p>	

<p>Do you pay National Insurance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, what class?</p>	

<p>Do you or your partner (<i>if they are also a partner in your business</i>), pay for a private pension for yourself or your dependants?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If yes, how much do you pay?</p>	<p>£</p>	<p>& how often?</p>	
<p>Please enclose proof of your membership of the pension scheme and the payments made.</p>			

<p>Is there any other information you would like to give?</p>
<p></p>

Declaration

I / We declare that to the best of my / our knowledge and belief all the information given on this form is a full statement of the income from my / our business, and I / we have no income other than declared.

I / We also undertake to inform the Council of any changes in my / our circumstances that may affect my / our entitlement to benefit.

Signed _____

Date _____

Print Name _____

Signed _____

Date _____

Print Name _____

Any person who provides false statements, information or documents at the time of or in support of his / her claim could be liable for prosecution.

Some of the information collected on this form will be recorded and processed by computer. This information is protected by the Data Protection Act 1984.

Any disclosure of this information will be in accordance with the Council's Data Protection Registration. However, this authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

This form can be made available in a range of languages, large print, Braille, on tape, electronic and accessible formats from Customer Services.

Tel: 01225 47 77 77

Email: benefits@bathnes.gov.uk