

Housing and Council Tax Benefit Self Employed Earnings Information



Local Authority Reference Number

SECTION 1- ABOUT YOURSELF

Title

Last
name

Other
names

Address

SECTION 2 – ABOUT YOUR BUSINESS

Name of
business

Business
Address

Phone
number

Type of
business

Date
business
commenced

Start date of
current
financial year

Average number of hours worked per week

Are you a sole trader/partnership/limited company
sub contractor? Please indicate.

If yes, what percentage of the total profit/loss is
yours?

(Please provide partnership agreement)

%

Is your partner/husband/wife also a partner in the
business?

YES/NO

If yes, what percentage of the profit/loss is theirs?

%

Is your partner/husband/wife on the payroll of the business?

YES/NO

If yes, what are his/her earnings?

£

How often does he/she receive earnings (e.g. weekly, calendar monthly, fortnightly, 4weekly)

every

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:

SECTION 3 – ABOUT THE BUSINESS INCOME

Do you have any prepared accounts (audited or otherwise) for the last financial year?

YES/NO

If YES, return an original set of the accounts with this form – go to **SECTION 5**
If NO, state the 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 complete **SECTION 4**

Do you have your latest Self-Assessment Calculation?

YES/NO

If YES, return it with this form

If NO, state the reason why and the date you expect to receive it

SECTION 4 – INCOME AND EXPENDITURE

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 your 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 | £ | + |
| Plus VAT REFUNDED | £ | + |
| Plus ENTERPRISE ALLOWANCE | £ | + |
| Plus CLOSING STOCK | £ | + |
| Less COST OF SALES (Purchases) | £ | - |
| Less VAT PAID OUT | £ | - |
| Less OPENING STOCK | £ | - |
| GROSS PROFIT | £ | |

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.

| | | |
|---------------------------------|--------------------------|---|
| DRAWINGS (Cash or Stock) | | £ |
| WAGES PAID OUT: | TO SELF | £ |
| | TO SPOUSE/PARTNER | £ |
| | TO OTHERS | £ |

RENT (Business Premises or proportion of your home rent attributed to business)

£

BUSINESS RATES

£

HEATING AND LIGHTING

£

CLEANING

£

TELEPHONE

£

BUSINESS INSURANCE

£

ADVERTISING

£

PRINTING AND STATIONERY

£

POSTAGE

£

CLEANING & REPLACEMENT OF SPECIALIST CLOTHING

£

ACCOUNTANT CHARGES

£

BANK CHARGES

£

INTEREST PAYMENTS ON BUSINESS LOAN
(Please enclose copy of loan agreement)

£

REPAIR/REPLACEMENT OF BUSINESS ASSET (Do not include motoring)

£

- Was this covered by insurance?

YES/NO

LEASING CHARGES

£

- Please state what is leased:

BUSINESS ENTERTAINMENT

£

BAD DEBTS

£

- Please give details:

OTHER EXPENSES

£

- Please give details:

MOTORING EXPENSES

CAR LEASE

£

ROAD TAX

£

PETROL/DIESEL

£

REPAIRS

£

INSURANCE

£

Who owns the vehicle(s)?

SELF/
BUSINESS

If business, do you use other than for
business?

YES/NO

**YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY EXPENSE
ITEMS LISTED. THE HOUSING/COUNCIL TAX BENEFIT OFFICE
WILL CONTACT YOU IF NECESSARY.**

Is it reasonable to assume that the trading figures for the next three to six months will be similar to those given above?

YES/NO

If no please explain the likely differences:

SECTION 5 - OTHER OUTGOINGS

NATIONAL INSURANCE

- Do you hold an exemption certificate?

YES/NO

If NO, please provide evidence of your contributions

£

Weekly/monthly/annually

PERSONAL PENSION CONTRIBUTIONS

Contribution to personal pension scheme

£

Weekly/monthly/annually

You must provide proof of the scheme to which you belong and of the payments made.

SECTION 6 – DECLARATION

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 of
Person claiming

Date

You can take this form to any one of our Solihull Connect walk in centres, locations and opening times can be found at www.solihull.gov.uk/connect

Alternatively, you can post this form to:

Income and Awards
PO Box 8118
Council House
Solihull, B91 9WZ

Phone: Solihull Connect Contact Centre 0121 704 8200