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|  | CEREDIGION COUNTY COUNCIL  |
| Housing Benefit Section, Canolfan Rheidol, Rhodfa Padarn, Aberystwyth, SY23 3UE. (01970 633252) |

**Self Employed Earnings Information**

**Private and Confidential**

HB Reference (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 1** – About yourself |
| Full Name: |  |
|  |  |
| Home Address: |  |

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| **SECTION 2** – About your business |
| Name of Business: |  |
|  |  |
| Business Address: |  |
|  |  |
| Business Telephone No: |  | Type of Business: |  |
|  |  |
| Date business commenced: |  |
|  |  |
| Start date of current financial year: |  |
|  |  |
| Average number of hours worked per week: |  |
|  |  |
| Is your business a partnership?If yes, what percentage of the profit/loss is yours? (Please provide the partnership agreement). |  No  Yes % |
| Is your husband/wife in the business?If Yes, what percentage of the profit/loss is theirs? |  No  Yes % |
|  |  |
| Is your husband/wife on the payroll of the business?If Yes, what are his/her earnings?  |  No  Yes  |
|  |  |
| Are there any other people on the payroll of the business? |  No  Yes |
|  |  |
| Do you use part of your own home for business purposes?If Yes, please give details: |  No  Yes |

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| **SECTION 3** – About the business |
| Do you have any prepared accounts (audited or otherwise) for the last financial year? |  Yes - return an original set of accounts with this form and go to **SECTION 5** No - state the reason why and the date you expect to have them  |
|  |  |
| If you do not have any prepared accounts or have not been trading for a full year, please complete – **SECTION 4** |
|  |  |
| Do you have your latest Schedule D Tax Assessment? |  Yes - please return with this form  No - state the reason why and the date you expect to receive it  |

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| **SECTION 4** – Income and Expenditure |
| **Complete this section only if you have no prepared accounts for the last financial year or have not been trading for a full year** |
|  |  |
| State exact period covered : |  |
| (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 the 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**  | £ |

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| **SECTION 4**  (cont.) |
| **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 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 STATIONARY: | £ |
|  |  |
| POSTAGE; | .£ |
|  |
| ACCOUNTANTS CHARGES: | £ |
|  |  |
| BANK CHARGES: | £ |
|  |  |
| INTEREST PAYMENTS ON BUSINESS LOAN (Please enclose a copy of the loan agreement) | £ |
|  |  |
| REPAIR/REPLACEMENT OF BUSINESS ASSETS (Do not include motoring) | £ |
|  |  |
| Was this covered by insurance? |  No  Yes |
|  |  |
| LEASING CHARGES: | £ |
|  |  |
| Please state what is leased: |  |

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| **SECTION 4**  (cont.) |
| BUSINESS ENTERTAINMENT | £ |
|  |  |
| BAD DEBTS: | £ |
|  |  |
| Please give details: |  |
|  |  |
| OTHER EXPENSES: | £ |
|  |  |
| Please give details: |  |
|  |  |
| **Motoring Expenses** |
| CAR LEASE: | £ |
|  |  |
| ROAD TAX: | £ |
|  |  |
| PETROL/DIESEL: | £ |
|  |  |
| INSURANCE: | £ |
|  |  |
| Who owns the vehicle?If business, do you use it other than for business? |  Self  Business No  Yes |
|  |  |
| **You may be required to provide proof of any expenses listed. The Housing Benefit office will contact you if necessary** |
|  |  |
| Is it reasonable to assume that the next 6 months trading figures will be similar to those given above?If No, please explain the likely difference: |  No  Yes |

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| **SECTION 5** – Other Outgoings |
| NATIONAL INSURANCEDo you hold an exemption certificate?If No, please provide evidence of your contributions |  No  Yes£Weekly / Monthly / Annually |
|  |  |
| PERSONAL PENSION CONTRIBUTIONSContribution to personal pension scheme | £Weekly / Monthly / Annually |
|  |  |
| You must provide proof of the scheme to which you belong and of the payments made |

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| **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. This may include court action
* You will use the information I have provided to process my claim for Housing Benefit, Local Housing Allowance and/ or Council Tax Reduction. You may check some of the information with other sources within the Council, Rent Offices, other Councils and Government organisations.
* 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 and other departments in the Council if the law allows this.

**I know** I must let the Council know immediately about any changes in my circumstances or the circumstances of anyone in my household which might affect my claim.**I declare** the information I have given on this form is correct and complete. |
|  |  |
| Signed: |  |  Date: |  |