|  |  |
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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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | | |

|  |  |  |
| --- | --- | --- |
| **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: | |  | |

|  |  |  |
| --- | --- | --- |
| **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 | |

|  |  |  |
| --- | --- | --- |
| **SECTION 5** – Other Outgoings | | |
| NATIONAL INSURANCE  Do you hold an exemption certificate?  If No, please provide evidence of your contributions | |  No  Yes  £  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 | | |

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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: |  |