

Warrington Borough Council – Revenues & Benefits Service

Housing Benefit & Council Tax Benefit

Self Employed Earnings Information

Claim Reference No.:

SECTION 1

ABOUT YOURSELF

Title Last name Other names

Address
Post Code:

SECTION 2

ABOUT YOUR BUSINESS

Name of business

Business Address
Post code:

Type of business

Date business commenced Start date of current financial year

Average number of hours worked per week

Is your business a partnership?

YES	<input type="text"/>	NO	<input type="text"/>
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If yes, what percentage of the total profit/loss is yours?
(Please provide partnership agreement) %

Is your husband/wife a partner in the business?

YES	<input type="text"/>	NO	<input type="text"/>
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If yes, what percentage of the profit/loss is theirs? %

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

YES	<input type="text"/>	NO	<input type="text"/>
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If yes, what are his/her earnings? £ every

Are there any other people on the payroll of the business?

YES	<input type="text"/>	NO	<input type="text"/>
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Do you use part of your own home for business purposes?

YES	<input type="text"/>	NO	<input type="text"/>
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If yes, give details:

SECTION 3 ABOUT THE BUSINESS INCOME

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

YES		NO	
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If **YES**, return an original set of the accounts with this form and go to **SECTION 5**

If **NO**, state the reason why and the date you expect to have them:

	Date:
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If you do not have any prepared audited accounts or if you have not been trading for a full year, please complete **SECTION 4**

SECTION 4 INCOME AND EXPENDITURE

Complete this section only if you do not have any prepared audited accounts for the last financial year or if you have not been trading for a full year.

State exact period covered

From:		To:	
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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 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	£	

Expenses (continued):

ADVERTISING

PRINTING AND STATIONERY

POSTAGE

ACCOUNTANTS CHARGE

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 benefit office will contact you if necessary

Is it reasonable to assume that the trading figures for the next 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	
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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

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Date

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