## Council Benefits - Self Employed Earnings

Use this form to provide details of your self-employed earnings

Thank you for your claim for Housing Benefit/ Council Tax Support. So that the Council can work out your correct amount of Housing Benefit/ Council Tax Support, please complete this form using BLACK INK and return without delay to the address given at the end of this form. Office use only BFIR SEM Reference number 1. About yourself Title First Names Surname You Your home address Your home telephone number 2. About your Business Do you have a separate business address? Yes (give details below) No Name and address of your business Your business telephone number What is the nature of your business? Do you have a partner in the business? If yes, we No Yes will need to see your partnership agreement. If you don't have an agreement, how do you split the profits? (e.g. 50/50) What date did your business start trading? What date does your financial year start? How many hours per week do you work, on average? What are your normal hours of work? (e.g. 9am - 5pm) 3. About your Business Records Do you employ an accountant? Yes No If yes, what is your accountant's name, address and telephone number? Have you prepared accounts for the last financial year? Yes No If you have answered 'Yes', please send these in with this form (we cannot accept photocopies). If you don't have any prepared accounts please say when you expect that these will be available Why are your accounts not available now?

3. About your Business Records (co	ontinued)
Do you have your latest tax assessment from to Office?	the Tax Yes No
If you have answered 'Yes', please send these	e in with this form (we cannot accept photocopies)
If 'No', please say when you expect this will be	e available
4. About your Business Income	
ONLY COMPLETE SECTIONS 4, 5 & 6 IF YO FOR THE LAST FINANCIAL YEAR	OU ARE UNABLE TO PROVIDE TRADING ACCOUNTS
Business Period	From To
This should be your last financial year or. it	f you have been trading for less than a year, you shou
enter a business period from the date you s	
Please provide the following details for the about	ove business period:
Total income to your business from trading/sales/services provided	<b>£</b> :
VAT refunded	£ :
VAT paid	£
Government Training Allowance (if applicable)	£ :
Period Training Allowance awarded	From To
GROSS PROFIT	<b>£</b> :
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5. National Insurance and Pension D	Details
Do you have a national insurance exemption of	certificate? Yes No
Do you pay towards a Private Pension Schem	e? Yes No
If Yes, please give the amount and frequency	Amount £ : Frequency

Keiere	nce number	
6. About your Business Expenses		
Please include only those expenses which relate solely	to your business in this se	ection.
Accountancy Charges		£ :
Advertising		£ :
Bank Charges		£ :
Business Entertainment		£ :
Business Insurance		£ :
Capital Expenditure		£ :
Depreciation		£ :
Heat and light (Business)		£ :
Hire Purchase Costs (Business)		£
Interest on Loan (Business Purposes)		£ :
Legal Fees		£ :
Loan Repayments		£ :
Motoring Expenses Fuel		£ :
Motoring Expenses Insurance		£ :
Motoring Expenses Repairs / Cleaning		£
Motoring Expenses Road Tax		£
Motoring Expenses Car Lease / Loan Interest		£:
Own Wages or Drawings		£ :
Printing & Stationery & Postage		£
Purchase of Stock		£
Rates for Business Premises		£ :
Repairs not covered by Insurance		£ :
Staff Wages		£ :
Subs to Professional & Trade Organisations		£ :
Taxi Radio Hire		£ :
Telephone Expenses		£ :
Unidentified Sundries		£ :
Use of Home as Office		£:
Wages to Spouse		£ :
Who owns / leases the vehicle(s)	The Business?	Yourself?
Do you have separate business and domestic vehicles?	Yes	] No
Is (are) the vehicle(s) used outside the business?	Yes	No
Other Expenses Please give details of all other expenses solely incurred Item	as a result of carrying on	the business Amount
(City)		£ :
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7. Declar	ratio	n and other Infor	mation						
business tr	ading	for the Council to ass figures for the next 6 ures you have declare	months will be		Yes	No	)		
If no, pleas	e stat	te why.							
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Please rea	d the	following declaration	on carefully and th	nen sign and	date the for	m in the space	ļ		
	1.	I declare that to the complete.	best of my knowled	lge, the inforr	mation I have	given is true ar	d		
	2.								
	3.	I authorise the Cour necessary.	ncil to check any inf	ormation give	en by me sho	uld they think it			
	4.	I will let the Council circumstances, so the				y changes in my	1		
Signed					Date				
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Please use	e tne	space below to prov	vide any other info	rmation.					
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Please scan and email this form to: housingbenefit@hounslow.gov.uk