



HOUSING BENEFIT & COUNCIL TAX REDUCTION SELF EMPLOYED EARNINGS INFORMATION SHEET

				Sec	tion 1-	About	t yourse	lf		
Title		Last				(Other			
	nam		е			ı	names			
Addres	SS	_	Posto	code						
Telephone				•			Mobile			
Section 2 - About your business										
Name	of busine	ess				<u> </u>				
Business Address										
							Post co	de		
Type of business										
Date b	usiness		Start date of current							
comme				financial year						
					per week	(
	busines									YES/NO *
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/NO*	
					it/loss is					%
					ll of the k	ousines	s?			YES/NO*
If yes, what are his/her earnings?							£	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	YES/NO*					
financial year?						
If YES, return an original set of the accounts with this form - go to Section 5						
If NO, state 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						

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 Tο From 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 TRAINING 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** £ **HEATING AND LIGHTING** £ TELEPHONE If using home as your business premises please indicate the % of % your home rent ,fuel and telephone bills attributed to the business) £ **CLEANING** £ **BUSINESS INSURANCE** £ **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** If Yes please give details

BUSINESS ENTERTAINMENT	£
BAD DEBTS	£
- Please give details:	
OTHER EXPENSES	£
- Please give details:	
MOTORING EXPENSES	
CAR LEASE	£
ROAD TAX	£
PETROL/DIESEL	£
REPAIRS	£
INSURANCE	£
Do you use your vehicle other than for business e.g. personal use?	YES/NO*
If so please indicate the % attributed to business use?	%
YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY EXPENSE ITEM	S LISTED. THE
HOUSING BENEFIT OFFICE WILL CONTACT YOU IF NECESSARY	
Is it reasonable to assume that the trading figures for the next six	YES/NO*
months will be similar to those given above?	
If no please explain the likely differences:	
Section 5 - Other outgoings	
NATIONAL INSURANCE	£
- Do you hold an exemption certificate?	YES/NO*
be you note an exemption continues.	Lente
If NO, please provide evidence of your contributions	£
, p	Weekly/monthly/
	annually*
Contribution to personal pension scheme	£
	Weekly/monthly/
You must provide proof of the scheme to which you belong and of the	Annually*
Is there any other information you wish to tell us?	e payments made.
is there any other information you wish to tell us?	

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 Reduction, 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 clain	ning
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Date

Please return this form to:

The Shared Benefits Service
Finance Department
Torfaen County Borough Council
Level 3, Civic Centre
Pontypool
Torfaen N P4 6YB

Alternatively it can be handed into one of our one of our Customer Centres in Torfaen (located in Pontypool, Blaenavon and Cwmbran) or One Stop Shops in Monmouthshire (located in Abergavenny, Monmouth, Chepstow or Caldicot)

For further information

TORFAEN RESIDENTS should contact

TELEPHONE:01495 766430 or 01495

766570 E-MAIL:

benefits@torfaen.gov.uk

MONMOUTHSHIRE RESIDENTS should contact

TELEPHONE:01633 644650 or 01633

644655 E-MAIL:

benefits@monmouthshire.gov.uk