



Housing benefit/council tax reduction

Self-employed earnings information

Please complete this form in pen and use BLOCK CAPITALS.
It is important that all the sections are completed in full.
All figures given should be for business use only.

1. Your details

Surname _____ First names _____

Home address _____

_____ Postcode _____

National insurance number _____

2. Your business details

Name of business _____

Address of business _____

_____ Postcode _____

Brief description of business

Date business started _____ Average number of hours _____
worked each week

3. Accounts

Please give the **exact period** that your interim figures or final accounts cover:

From _____ To _____

Do you have accounts (audited or otherwise) for your last financial year?

Yes No (tick one box)

If yes, please send a copy of the accounts with this form and move on to Section 7 of this form.

If no, you must complete all sections of this form.

4. Income (all figures should be for the period given in Section 3)

	£	£
Sales or takings	_____	_____
Government schemes	_____	_____
Tips or commission	_____	_____
Other income from business	_____	_____
Total income	_____	_____

5. Drawings – the amount you have taken from the business during the period covered by your figures:

£ _____

6. Expenses (for the period given in Section 3)

Deductions can only be made for amounts which relate solely to the business. If expenses are split between business and private, please record the charge you have made to the business.

Purchase of stock or supplied	£ _____
Wages paid to spouse (<i>or someone who lives with you as a husband or wife</i>)	£ _____
Wages paid to others	£ _____
Rent for business premises	£ _____
Business rates	£ _____
Electricity for business	£ _____
Gas for business	£ _____
Other utilities for business use	£ _____
Telephone for business	£ _____
Business insurance	£ _____
Advertising	£ _____
Printing and stationery	£ _____
Postage	£ _____
Business motor expenses:	£ _____
Fuel	£ _____
Repairs and maintenance	£ _____
Road tax (Period: _____)	£ _____
Insurance (Period: _____)	£ _____

Bank charges £ _____

Interest on business loans £ _____

Loan repayments to repair or replace existing business asset(s): £ _____

Please say what asset(s):

Proven bad debts £ _____

Other expenses (please list):

_____ £ _____

_____ £ _____

_____ £ _____

_____ £ _____

_____ £ _____

_____ £ _____

_____ £ _____

_____ £ _____

Total expenses _____

7. Pension

Do you contribute to a pension scheme?

Yes No (tick one box)

If yes, how much do you pay? £ _____

Frequency of this payment (weekly / monthly) _____

Please provide proof of these payments.

8. Business outlook

Is it reasonable to assume that the figure for the next six months will be similar to those given on this form?

Yes No (tick one box)

If no, what is going to affect your work? (eg setting up period, seasonal, new contracts)

We may ask you to provide interim figures or accounts to show the effect of changes.

9. Business partners

Are you a sole trader?

Yes No (tick one box)

If no, please give the name(s) of your partner(s)

Are the figures you have given for whole business or for your part?

Whole Part (tick one box)

What is your share / percentage _____

10. Declaration

I declare that the information I have given is true and complete.

I agree that the council can make any enquiries needed to check the information I have given.

Signature of claimant _____ Date _____

Please return this form to:
Benefits, City Hall, Norwich, NR2 1NH

Customer services:
t: 0344 980 3333 f: 01603 212905
Minicom: 01603 212587 e: revenues@norwich.gov.uk