



Elmbridge
Borough Council
... bridging the communities ...

**Housing Benefit and
Council Tax Benefit
Self-Employed Earnings
Information Form**

If you have told us that you are self-employed, we need more information about your earnings before we can make a decision on your claim. You must complete this form straight away. If we do not receive this form with all the information we need, within 1 month of the date of your claim, your claim will be cancelled. If you require assistance completing this form, please contact our Customer Service Team on 01372 474060 or email benefits@elmbridge.gov.uk

| | |
|--------------------|--|
| Name & Address: | |
| Claim Ref: | |

Your Business

| | |
|-------------------------------|--|
| What is your business called? | |
|-------------------------------|--|

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|--------------------------------|--|
| What is your business address? | |
|--------------------------------|--|

| | |
|--------------------------------------|--|
| What is the nature of your business? | |
|--------------------------------------|--|

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|---|--|---|--|
| When did you start trading? (exact date) | | On average, how many hours do you work each week? | |
|---|--|---|--|

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|---|--|
| If it is a Registered Company, please give Company Number | |
|---|--|

| | |
|------------------------------------|----------|
| Are you a Director of the Company? | Yes / No |
|------------------------------------|----------|

If you are a Director of the company you will need to provide proof of Directors remuneration, either on your audited accounts or pay slips.

If you have answered Yes, to being a Company Director, please **Do not** complete any more of this form, just sign the declaration and provide evidence requested above.

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|---------------------------------|----------|
| Is your business a partnership? | Yes / No |
|---------------------------------|----------|

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| If Yes, what percentage of the total profit/loss is yours? Please provide your partnership agreement | % |
|---|---|

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|---|----------|
| Do you have any prepared profit and loss accounts (audited or otherwise) for the last financial year? | Yes / No |
|---|----------|

If Yes, please return an original set of the accounts with this form.

Your Income

Please complete the next section only if you do not have any prepared accounts for the last financial year or you have not been trading for a full year.

| | | |
|----------------------------|------|----|
| State exact trading period | From | To |
|----------------------------|------|----|

For the period above, what was:

| | |
|--|---|
| Your total sales/income/takings (this should include any tips you get) | £ |
|--|---|

| | |
|---|---|
| Your total Purchases (the cost of your sales) | £ |
|---|---|

| | |
|--|---|
| The amount of Enterprise Allowance you received (please write 'none' if you have not received one) | £ |
|--|---|

| | |
|---|----------|
| Have you taken any drawings from the business? (Cash or Stock) | Yes / No |
|---|----------|

| | |
|-------------------|---|
| If Yes, how much? | £ |
|-------------------|---|

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|----------------------------------|----------|
| Did you pay your self any wages? | Yes / No |
|----------------------------------|----------|

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|-------------------|---|
| If Yes, how much? | £ |
|-------------------|---|

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| Did you pay your spouse/partner any wages? | Yes / No |
|--|----------|

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|-------------------|---|
| If Yes, How much? | £ |
|-------------------|---|

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| Did you pay wages to anyone else? | Yes / No |
|-----------------------------------|----------|

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| If Yes, who did you pay and how much? | |
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|---------------------------------------|----------|
| Are you registered for VAT? | Yes / No |
| If Yes, how much VAT did you pay out? | £ |
| How much VAT did you have refunded? | £ |

Business Expenses

You must only include amounts that relate solely to the business.

For example, if you include telephone calls as an expense, you must apportion the total cost in accordance with the amount of private use, and enter the amount for business use only. Please provide amounts covering the same period as your income or accounts.

| | |
|--|---|
| Rent (Business premises) | £ |
| Business Rates | £ |
| Heating and Lighting (of premises) | £ |
| Telephone | £ |
| Cleaning (of premises) | £ |
| Laundry costs (for work wear) | £ |
| Business Insurance | £ |
| Advertising | £ |
| Printing and Stationery | £ |
| Postage | £ |
| Bank Charges (on business accounts only) | £ |
| Accountants Charge | £ |
| Interest payments on business loans (proof of loan agreement must be provided) | £ |
| Repairs and replacements to business assets (do not include motor vehicles) | £ |
| Leasing charge (please state what is leased) | £ |
| Other business expenses Please give details | £ |

Vehicle Expenses

| | |
|---|-----------------|
| Who owns the vehicle(s)? | Self / Business |
| Do you have use of the vehicle(s) outside of work? | Yes / No |
| Do you own a vehicle other than the one you use for work? | Yes / No |

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|---------------|---|
| Petrol/Diesel | £ |
| Insurance | £ |
| Road Tax | £ |
| Repairs | £ |

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| Do you think that your trading figures for the next 6 months will be similar to those declared in your accounts (or declared on this form)? | Yes / No |
|---|----------|

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| If you have answered No, please explain why they will be different: | |
|---|--|

| | |
|---|----------------------------|
| Do you make contributions to a Personal Pension Scheme? | Yes / No |
| If Yes, how much do you pay? (you will need to provide proof of your pension payments, i.e. policy document) | £ per |

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| Do you hold a National Insurance exemption certificate? | Yes / No |
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What date do you expect your full years accounts to be available? / /

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 or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by law.
- 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.

| | | | |
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| Signed | | Date | |
|--------|--|------|--|

Please return the completed form to: Elmbridge Borough Council, Housing Benefits, Civic Centre, High Street, Esher, Surrey, KT10 9SD