



BENEFIT SECTION

Gibson Building, Gibson Drive
Kings Hill, West Malling
Kent ME19 4LZ
Tel: 01732 876376

OFFICE USE ONLY

Private & Confidential for Housing Benefit / Council Tax Reduction SELF-EMPLOYED EARNINGS INFORMATION

SECTION 1 ABOUT YOURSELF

SURNAME OTHER NAMES

ADDRESS

For official use only

SECTION 2 ABOUT YOUR BUSINESS

Name and Address of business

Type of business

Business Telephone No. (optional)

Start date of your current financial year

Average number of hours worked per week

SECTION 3 ABOUT THE BUSINESS INCOME

Do you have any Accounts (Audited or otherwise) for the last financial year? Yes * No

* If 'YES' return a copy with this form and go straight to Section 5

* If 'No' give reason why and 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 OF THIS FORM.

Do you have your latest Schedule D Tax assessment?

- Yes *
- No

* If 'YES' please return a copy of this form

* If 'No' give reason why not and the date you expect to receive it

SECTION 4

COMPLETE THIS SECTION ONLY IF YOU DO NOT HAVE ANY PREPARED ACCOUNTS FOR THE LATEST FINANCIAL YEAR OR IF YOU HAVE NOT BEEN TRADING FOR A FULL YEAR

State exact period covered: FROM TO

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 to current date.

SALES / TAKINGS / INCOME:	<input style="width: 100%;" type="text"/>
Plus VAT REFUNDED:	<input style="width: 100%;" type="text"/>
Plus ENTERPRISE ALLOWANCE:	<input style="width: 100%;" type="text"/>
Plus CLOSING STOCK:	<input style="width: 100%;" type="text"/>
Less COST OF SALES (PURCHASES):	<input style="width: 100%;" type="text"/>
Less VAT PAID OUT:	<input style="width: 100%;" type="text"/>
Less OPENING STOCK:	<input style="width: 100%;" type="text"/>
= GROSS PROFIT	<input style="width: 100%;" type="text"/>

EXPENSES

YOU MUST ONLY INCLUDE AMOUNTS THAT RELATE SOLELY TO THE BUSINESS. e.g. Telephone - if calls 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):	<input style="width: 100%;" type="text"/>
WAGES PAID OUT:	
TO SELF:	<input style="width: 100%;" type="text"/>
TO SPOUSE	<input style="width: 100%;" type="text"/>
TO OTHERS	<input style="width: 100%;" type="text"/>

SECTION 4 Continued

For official
use only

RENT:
(for premises other than your home)

BUSINESS RATES:

HEATING AND LIGHTING:

CLEANING:

TELEPHONE:

BUSINESS INSURANCE:

(Please state what is covered)

ADVERTISING:

PRINTING & STATIONERY:

POSTAGE:

ACCOUNTANTS CHARGE:

BANK CHARGES:

INTEREST PAYMENTS ON BUSINESS LOAN:

(Please enclose copy of the loan agreement)

REPAIR/REPLACEMENT OF A BUSINESS ASSET:

(Do not include motoring)

Was this covered by insurance? Yes No

LEASING CHARGES:

(Do not include car)

Please state what is leased

BUSINESS ENTERTAINMENT:

BAD DEBTS :

(Please specify)

OTHER EXPENSES :

(Please specify)

SECTION 4 Continued

MOTORING EXPENSES

CAR LEASE: ROAD TAX:

PETROL: REPAIRS:

INSURANCE: WHO OWNS THE VEHICLE(S)?: Self Lease

IF COMPANY VEHICLE DO YOU HAVE USE OF IT OUTSIDE OF BUSINESS?: Yes No

YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY OF THE EXPENSE ITEMS LISTED, IF SO WE WILL WRITE TO YOU.

SECTION 5

Is it reasonable to assume that the trading figures for the next six months will be similar to those quoted above?: Yes No

If 'NO' explain likely differences:

PERSONAL PENSION CONTRIBUTIONS:

If you contribute to a Personal Pension Scheme please state: Amount Paid:

YOU MUST ENCLOSE PROOF OF:
(i) Payments made Frequency:
(ii) Membership of the scheme. (weekly, monthly etc)

SECTION 6 DECLARATION

I declare that to the best of my knowledge the information given is true and complete. I understand that to give false information may lead to prosecution.

I authorise the council to verify any information given by me should they so desire. I undertake to notify in WRITING any change in my income IMMEDIATELY if such changes occur.

SIGNATURE OF APPLICANT: _____

DATE: _____

Please return this form to the address on page 1