|  |  |
| --- | --- |
|  | Title: torbay council logo |

Housing Benefit / Council Tax Support

Self Employed Earnings information form - This form can be uploaded at www.torbay.gov.uk/benefitsproof

Part 1 - About you

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Claim No |  | National Insurance Number |  |

|  |  |
| --- | --- |
| Home telephone Number |  |
| Work telephone Number |  |
| Mobile telephone Number |  |
| E-mail address |  |

Part 2 - About your business

|  |  |
| --- | --- |
| Name of your business |  |
| Address of your business |  |
| Website address |  |
| Type of business  (What type of work do you do?) |  |
| Hours worked per week |  |
| Date business started |  |
| Start date of your current trading year |  |
| Is your business registered with HMRC?  (delete as applicable) | Yes / No |
| If yes, what is your Tax reference? |  |
| Are you VAT registered? | Yes / No |
| If yes what is you VAT registration number? |  |
| Is your business registered with Companies House as a limited company? | Yes / No |
| Are you a company director? | Yes /No |
| Do you trade on E Bay | Yes / No |
| If yes, what is your E bay trading name? |  |
| Is anyone else a partner in your business? | Yes/No |
| If yes give their name and address |  |
| If yes what percentage of the business is yours? |  |
| Is your husband/wife/civil partner on the payroll of the business? | Yes/No |
| If yes what are their earnings? |  |

Part 3 - Self- Employed income assessment

|  |  |  |  |
| --- | --- | --- | --- |
| For period from |  | to |  |

|  |  |  |
| --- | --- | --- |
| **Sales /Takings/Income** | Equals | £ |
| Closing Stock | Plus | £ |
| Cost of Sales  i.e. cost of goods purchased to create a product or service such as materials.  This does not include expenses that are required to run the business, to be detailed further on. | Less | £ |
| Opening stock | Less | £ |
| **Gross profit** | Equals | £ |

|  |  |
| --- | --- |
| Do you receive a New Enterprise Allowance? | Yes / No |
| If yes, give the weekly amount |  |
| When is this due to end? |  |

Part 3A – Coronavirus (COVID-19) financial support

|  |  |
| --- | --- |
| Have you received payments from any of the following schemes? | |
| The Self Employment Income Support scheme (SEISS) | Yes / No |
| If yes, state how much you have received and provide your award breakdown notifications.  (We will not be able to assess your entitlement without this notification) |  |
| Business Grants | Yes/No/ N/A |
| Small Business Grant fund | Yes/No |
| If yes, state how much you have received and provide your award breakdown notification. |  |
| Retail, Hospitality and Leisure grant | Yes/No |
| If yes, state how much you have received and provide your award breakdown notification. |  |
| The Discretionary Grant Fund | Yes/No |
| If yes, state how much you have received and provide your award breakdown notification. |  |
| Any other payment such as a business insurance policy payment due to loss of earnings from the impact of COVID 19 | Yes/No |
| If yes, state how much you have received and provide your award breakdown notification. |  |

Part 3 ctd - Expenses

Only include amounts solely related to the business

|  |  |  |  |
| --- | --- | --- | --- |
| For period from |  | to |  |
| Wages paid to self | |  | |
| paid to spouse/partner | |  | |
| paid to others | |  | |
| Drawings (cash or stock) | |  | |
| Business Premises only | |  | |
| Rent or mortgage | |  | |
| Heating and lighting | |  | |
| Business rates | |  | |
| Water rates | |  | |
| Cleaning | |  | |
| Business insurance | |  | |
| Advertising | |  | |
| Subscriptions to professional trade organisations/bodies | |  | |
| Printing and stationary | |  | |
| Postage | |  | |
| Telephone (business only) | |  | |
| Bank charges ( for business accounts only) | |  | |
| Interest on business loans  ( please provide your loan agreement) | |  | |
| Repair/replacement of an existing business asset | |  | |
| Was it covered by insurance? | |  | |
| VAT paid out or refunded | |  | |
| Leasing charges  (please provide your lease agreement) | |  | |
| Accountant’s charges | |  | |
| Other expenses  (Please give a breakdown – provide an additional sheet if necessary) | |  | |
| Bad debts (please give details)  (please give details) | |  | |

Part 3 ctd - Motoring expenses

|  |  |  |  |
| --- | --- | --- | --- |
| For period from |  | to |  |
| Road tax | £ | % for business use |  |
| Insurance | £ | % for business use |  |
| Fuel | £ | % for business use |  |
| Repairs | £ | % for business use |  |
| Car Lease | £ | % for business use |  |
| What is your business mileage per week? | | |  |

Part 4 – Declaration

|  |  |
| --- | --- |
| Is it reasonable to assume that the trading figures for the next 12 months will be similar to those you have quoted on this form? | Yes / No |
| If no please explain the likely differences |  |

|  |  |
| --- | --- |
| Do you pay National Insurance? | Yes / No |
| What class or classes of National Insurance do you pay? |  |
| Do you pay into a private pension scheme?  If yes please provide proof of your payments |  |

|  |
| --- |
| Is there anything else you would like to tell us about your business? |

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 Support, 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 Department of Work and Pensions benefits that I have made or may make. You may give this 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 given on this form is correct and complete.

Signature of the person claiming

Date