



**Northumberland**  
County Council

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**OFFICE USE ONLY**

Issued \_\_\_\_\_  
Received \_\_\_\_\_

**Housing Benefit & Council Tax Support  
Self-Employed Income Form**

**PART 1 – ABOUT YOU**

Claim Ref			
Name			
Home Address			
Post Code			
NI Number		Date of Birth	

**PART 2 – ABOUT YOUR BUSINESS**

**(A)**

Business Name	
Business Address	
Post Code	
Type of Business	
Daytime Phone No	

**PART 2 – ABOUT YOUR BUSINESS** (continued)**(B)**

Date business commenced		Is this a new business?	YES / NO
Start date of current financial year			
Average number of hours worked per week			

**(C)**

Is your business a partnership?	YES / NO
If yes, what percentage of the total profit / loss is yours? (Please provide partnership agreement)	%
Partner Name	
Address	
Post Code	

**(D)**

Does your spouse, or the person you live with as if you were married to them, have a share in the business?	YES / NO
If yes, what percentage of the total profit / loss is theirs?	%
Is your spouse or the person you live with as if you were married to them, on the payroll of the business?	YES / NO
If yes, what are his / her earnings?	£ every
Are there any other people on the payroll of the business?	YES / NO
If yes, how many other people are there?	
Please provide a payroll summary of each employee	

**(E)**

Do you use part of your own home for business purposes?	YES / NO
If yes, please provide details of any rooms in your home which are used <u>only for the business</u> and the cost of your home utility bills (please provide proof of utility costs)	

### PART 3 – ABOUT THE BUSINESS INCOME

What is your Inland Revenue Tax Reference No?	
Do you have your latest Self-Assessment Tax Return? (Please return it with form)	YES / NO
If not, please tell us why not and the date you expect to get it.	

Do you have any prepared accounts (audited or otherwise) for the last financial year	YES / NO
If <b>YES</b> , please return an <u>original</u> set of the accounts with this form. <b>GO TO PART 5 (page 6)</b>	
If <b>NO</b> , please state the reason why and the date you expect to have them. <b>GO TO PART 4</b>	

### PART 4 – ABOUT INCOME AND EXPENDITURE

(A)

State exact period the self-employed income covers	From		To	
This should be your last financial year or a period as directed in the letter enclosed with this form				

(B) - Money coming in for period stated

Sales, takings or income	£	
<b>Plus</b> Tips or gratuities	£	+
<b>Plus</b> VAT refunded	£	+
<b>Plus</b> Value of stock for resale at the 'To' date detailed in (A) above	£	+
<b>Equals</b> TOTAL INCOME	£	=
<b>Less</b> Value of stock for resale at the 'From' date detailed in (A) above	£	-
<b>Equals</b> GROSS PROFIT	£	=

**(C) – Business Expenses for period stated**

Is the business new?	YES / NO	
If yes, detail the cost of equipment/materials used to set up the business	£	
Cost of stock/goods purchased to sell to customers	£	
Drawings (cash and stock taken from business)	£	
Wages Paid out	£	
To self	£	
To partner	£	
To others	£	
Rent for business premises only, not including your home (please send proof)	£	
Business Rates	£	
Gas and Electricity (business premises only)	£	
Water Rates (business premises only)	£	
Cleaning	£	
Telephone/mobile phone	£	What percentage of the calls are for personal use?  %
Business Insurance (please send proof)	£	
Advertising / Essential Publications	£	
Printing & Stationery	£	
Postage	£	
Accountants Charge	£	
Bank Charges (business bank accounts only)	£	
Interest payments on business loan (please send proof)	£	
Repair of business assets	£	
Was the repair of the asset covered by insurance?	YES / NO	
Replacement of business asset	£	
Was the replacement of the asset covered by insurance?	YES / NO	
Leasing Charges	£	
Hire Purchase	£	

Please state what is leased/ hire purchased and send a copy of the agreement/s:

**(D) – Motoring Expenses for period stated**

**MOTORING EXPENSES WILL ONLY BE CONSIDERED WHEN PROOF IS PROVIDED WHERE REQUIRED**

<p><b>Do you use the vehicle for personal use?</b> <b>If yes, what percentage is for personal use?</b></p>	<p><b>YES / NO</b> <b>%</b></p>
Type of vehicle used for business i.e. car, van, taxi	
Petrol or diesel used	£
Repairs (please send receipts/invoices for work completed)	£
Road Tax	£
MOT	£
Business car insurance (please send policy documents)	£
Car Lease for business vehicle (please send copy of agreement)	£
Hire Purchase of business vehicle (please send copy of agreement)	£

**(E) – Other Business Expenses for period stated**

Other Expenses	£
<p>Please give details:</p>	
<p>You may be required to provide proof of any expenses items listed. The Benefit Section will contact you direct.</p>	

Is it reasonable to assume that the trading figures for the next six months will be similar to those given above?	YES / NO
If NO, please explain the likely differences:	

**PART 5 – ABOUT OTHER OUTGOINGS**

**Personal Pension Contributions**

How much do you pay into a personal pension scheme	£	every
You <u>must</u> provide proof of the scheme to which you belong and of the payments made		

**Voluntary National Insurance Contributions**

Do you pay National Insurance Contributions voluntarily, regardless of your self-employed income?	YES / NO
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**PART 6 – DECLARATION**

**Please read this declaration carefully before you sign and date it.**

**I understand the following:**

- If I give you 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 and / or Council Tax Support. You may check the information with other sources within the Council and other Councils.
- You may use the 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 organizations, if the law allows this.

**I KNOW** I must inform the Benefit Section about any change in my circumstances as soon as the change occurs.

**I DECLARE** the information I have given on this form is correct and complete.

Signature of person claiming \_\_\_\_\_ Date \_\_\_\_\_

**Forms filled in by someone other than the person claiming (if applicable)**

Name of person who filled in the form	
Signature of the person	
Relationship to the person claiming	

**CONTACT DETAILS**

If you have any queries or questions regarding this form please do not hesitate to contact:  
**Benefit Section, Wansbeck Square, Ashington, Northumberland, NE63 9XL or Telephone: 0345 600 6400**