

## Benefits Section Milton Keynes Council, Civic Offices, 1 Saxon Gate East, Central Milton Keynes, MK9 3EJ

## Housing and Council Tax Reduction Self Employed Earnings

Date Issued:	Date Received:	Claim Number:					
About You							
Full Name:							
Full Address:							
Home Tel Number:	Mobile Number:	Email:					
About your Business							
Name of Business							
Address of Business (if different from home)							
Telephone Number:		Mobile Number					
Business Trade Type:							
Date Business Commence	d:						
Start date of your current financial year							
Do you have a spouse/partner who is involved in the business? If yes, what position does he/she hold?							
Average number of hours	s worked each week: You	<b>Your Partner</b> (If they work for the business)					
Type of Self employment	– please tick all that apply:						
Sole Trader	Tradesman	Joint/Part Owner					
Main Contractor	Director*	Professional Service					
*if you are a director please (you do not need to comple		ou pay yourself and/or all dividend payments					

**Proof of your Business Income** – please note all documents must be originals not photocopies.

**If you have Profit and Loss Accounts** for the previous financial year\* please provide these. You do not need to complete sections 1 or 2. Please continue to section 3 and sign the declaration in section 4

\*If you feel these accounts do not reflect your current income, please provide the accounts and complete this form and give an explanation in section 3

If you have been trading for at least 3 months please complete the income and expenditure details in section 1 for the previous 3 / 6 / or 12 months and sign the declaration in section 4.

**If you have just started work** please go to section 2, read the guidance notes carefully, complete the details and sign the declaration in section 4

**If you have a Business Bank Account** please provide 2 months consecutive statements, for new accounts as many as you have available at this time

Please note the period of income should reflect your current level of income, it is your responsibility to contact the Benefits Service if this changes at any time and to complete a new form

Period	From	1 1		То	1	1
Details		Amount (£)				
Sales/Takings/Income		£				
Plus VAT Refunded		£				
Plus Business Start up Allowance		£				
Plus Closing Stock		£				
Less VAT paid out		£				
Less Opening Stock		£				
Less Materials/Sundries		£				
Less Drawings*			£			
Gross Profit		£				

\*drawings will only be taken into account if they are being made from business accounts in credit

Tick any/all that apply		

### **Section 1b - Expenses**

This should be for the same period as the income you have quoted. If the figures are annual this needs to be apportioned for the relevant period. Please note if you do not provide an amount for personal expenses this office may deduct a figure deemed reasonable for the expenses.

Details	Total expense (business use only)			
Motor Expenses	£			
Car Lease Charges	£			
• Fuel	£			
Road Tax and Insurance	£			
Repairs/Maintenance	£			
Rent (for business premises only)	£			
Business Rates/Heating/Lighting	£			
Cleaning/protective clothing	£			
Travel Expenses (excluding motoring)	£			
Advertising	£			
Telephone (include mobile, landline and broadband)	£			
Delivery/Carriage Costs/Postage	£			
Accountancy and Legal Fees	£			
Bank Charges (include interest payments)	£			
Insurance (other than motor)	£			
Subscriptions	£			
Repairs business assets	£			
Depreciation	£			
Proven Bad Debts (these are debts written off after court action only)				
Business Entertainment	£			
Wages paid to self	£			
Wages paid to Spouse	£			
Wages paid to others	£			
Stationery	£			
Any other expenses (please specify)	£			
Total Expenses	£			

(Please continue on separate sheet if you have more expenses)

### Section 1c - About other outgoings

Do you hold a national insurance exemption certificate Yes/No

Do you pay into a personal pension scheme

Yes/No

If yes, state amount paid and how often this is paid, provide proof (i.e. agreement document and bank statements showing payments, if proof is not provided this office may not be able deduct the amount from your income)

Section 2 – New Business Declaration (only complete this section if you have just started your business)

# Estimated Weekly Net Income

**Important -** Please note the figure you have stated will be used to calculate your claim for a maximum period of 6 months. At the end of that period you must contact the Benefits Service to provide proof of your actual income.

If your estimate changes at any time during the period you are responsible to notify the Benefits Service, failure to do so may result in you losing benefit you would have been entitled to or being asked to pay back benefit overpaid.

Please use section 3 for anything else you need to tell us and then sign the declaration in Section 4.

**Section 3 - Anything else you need to tell us**. Use this space to tell us things like future changes to your business that you know about or any other information which may affect your self-employed income.

Section 4 – Declaration - Please read this declaration carefully before you sign and date it

I understand the following:

### Housing Benefit / Council Tax Reduction Data Protection Privacy Notice

We collect and use information about you so that we can provide you with Housing Benefit and Council Tax Reduction services under Legislation. Full details about how we use this data and the rights you have around this can be found at <u>www.milton-keynes.gov.uk/privacy</u>. If you have any data protection queries, please contact the Data Protection Officer at <u>data.protection@milton-keynes.gov.uk</u>

- 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 Reduction or both. You may check some of the information with other sources within the council, rent offices and other councils
- You may use any of the information I have provided in connection with this and any other claim for benefits that I have made or may make. You may give some information to other government organisations.
- I know I must let the council know about any changes in my circumstances, which may affect my claim. I understand that failure to do so may result in my being prosecuted under the Social Security Administration Act 1992 or Fraud Act 2006.

I agree and declare that the information I have given on this form is correct and complete

Signature:

Date: