

Benefit Reference	
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Received Date	
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Housing Benefit and Council Tax Reduction Taxi /Minicab Driver Self Employed Earnings Form

Ensure you complete ALL sections in full and supply ALL ORIGINAL documents.

Full name

Full address:

	Postcode:

Home Telephone number	<input style="width: 95%; height: 25px;" type="text"/>	Mobile Number	<input style="width: 95%; height: 25px;" type="text"/>
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Section 1: About your Business

Name of Business

Address of Business:

	Postcode:

Date Business commenced

Start date of current financial year

Average number of hours you work each week:

Is your Taxi Private Hire or Hackney carriage?

Car Registration number:

If Private Hire, please state name and address of Private Hire operator you will be working for:

What is your Vehicle Driver Badge or Licence Number?

Please name all Authorities that license this vehicle.

What is the Vehicle Engine Size

What is your average fare per mile?

What type of fuel does the vehicle use? (tick whichever apply)

Petrol	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	LPG	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Hybrid	<input type="checkbox"/>
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What is the annual Mileage on your vehicle?

Please provide proof of mileage such as your last 2 MOT certificates or at least 2 Council Inspection Certificates

Is this vehicle used for business only?

If No, what % of vehicle use is personal use?

If you have declared personal usage, please specify if this has been deducted from your accounts YES/NO

Do you share your vehicle with another driver?

If Yes, how many of the miles stated above are carried out by the other driver/s

Please state the name of the other driver/s

Section 2: About Your Business Income

If you do not have any prepared accounts or have not been in business for a full year go to **Section 3**.

Do you have your latest schedule D Tax Assessment?

If Yes, please return **original accounts** with this form.

If No, please give reason why and when you expect to receive it.

If you have prepared account for the last financial period, please supply original **accounts** with this form and go straight to **Section 5**.

Section 3: Income

Period Details Cover:

From

To

Are these details: Actual or Estimated?	
Takings / Income	£
Plus VAT Refunded	£
Plus Business Start-up Allowance	£
Less VAT paid out	£
Gross Profit	£

Section 4: Expenditure

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.

Type of expense	Total expense (including personal use)	Personal %	Type of expense	Total Expense (Including personal use)	Personal %
Fuel Costs	£		Small tools	£	
Repairs to existing assets (e.g. Taxi)	£		Interest on Business Loan <i>(Provide your loan agreement)</i>	£	
Cleaning / protective clothing	£		Capital repayments for loans to repair existing business assets	£	
Car Tax	£		Capital Repayments for loans to repair existing business assets	£	
Car Wash & Clean	£		Capital repayments for any other business loan	£	
Taxi Plate	£		Depreciation	£	
Driver Badge	£		Proven bad debts - specify	£	
Radio Rental	£		Other debts – specify	£	
Hire Leasing Charges	£		Business Entertainment	£	
Car Insurance	£		Wages paid to self	£	
Business Insurance	£		Wages paid to spouse	£	
Accountant fees	£		Wages paid to others	£	
Bank Charges	£		Rent	£	

Subscriptions – trade / professional	£		Business Rates	£	
Telephone	£		Advertising	£	
What Percentage of telephone use is personal use?	%		Stationary	£	
Knowledge Test	£		Sundries – specify	£	
Medical Certificate for fitness to drive start up	£		Other Expenses – specify	£	
Medical Certificate not start up			Total Expenditure	£	
Criminal record check fee start up	£				
Criminal record check					
Sums for setting up / expanding business	£				

Please use this space to give more details on any of the above information: -

Section 5 - Changes to income

Is it reasonable to assume that the trading figures quoted will be similar for the next 6 months?

If No, please state the differences:

Section 6: About other outgoings

Do you hold a National Insurance exemption certificate?

Do you pay into a personal pension scheme?

If Yes, Amount paid £

Frequency of payment

Please supply proof with this form

Section 7 – 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 any change in my income **IMMEDIATELY**.

Signature:		Date:	
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The Council is under a duty to protect public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing and administering public funds for these purposes. For further information please go to:

www.milton-keynes.gov.uk/internal-audit and click on the link to National Fraud Initiative.

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 www.milton-keynes.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@milton-keynes.gov.uk