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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Benefit/Council Tax Reduction**    **Self Employed Income - Information Form**   |  | | --- | |  | |  |  |  |  |  | http://intranet.argyll-bute.gov.uk/PublishingImages/colourlogo.jpg |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Claim Number | |  | | | | |
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|  |  |  |  |  |  |  |
| **Section 1. About Yourself** | | |  |  |  |  |
|  |  |  |  |  |  |  |
| Title |  |  | Address |  | | |
| First Name |  | |  |  | | |
| Last Name |  | |  |  | | |
|  |  |  |  |  | | |
|  |  |  | Postcode |  | | |
| Home/Mobile Telephone | |  | | | | |
| Email Address |  |  | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Section 2. About Your Business** | | |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Business | |  | | | | |
| Business Address | |  | | | | |
| (If your Business is run from your Home Address please indicate this) | |  | | | | |
|  | | | | |
|  |  |  |  |  |  |  |
| Type of Business | |  | | | | |
|
| Date Business Commenced | |  | | | | |
| Start Date of Current Financial Year | |  | | | | |
| Hours worked per week | | | |  | | |
|
| Is your Business a Partnership? | | | | Yes/No | | |
| If Yes, what % of the total profit/loss is yours? Please provide your Partnership Agreement | | | | % | | |
|
|  |  |  |  |  |  |  |
| Is your Spouse/Partner a partner in the Business? | | | | Yes/No | | |
| If Yes, what % of the total profit/loss is theirs? Please Provide the Partnership Agreement | | | | % | | |
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| Is your Spouse/partner on the payroll of the business? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | | | |
| If Yes what are His/Her earnings? | | | | | | | | | | | | | | | £ Weekly/Fortnightly/Monthly (please delete as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is there anyone else on the Payroll of the Business? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | | | |
| If Yes, please give details: | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3. About the Business Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | |
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| Do you have any prepared accounts for the last financial year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | |
|
| If Yes, Please return an original set of accounts with this form and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| Go to **Section 5** | | | | | | | | | |  | | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | |  | | | | | | | |
| If No, Please state whether you will be producing accounts, and when they will available | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|
| If you do not have any prepared accounts, please complete **Section 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4 - Income and Expenditure** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |  | | |  | | | | | | | |
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| Please complete this Section if you do not have prepared accounts for the last financial year, or if you have not been trading for a full year. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| State Exact Period Covered | | | | | | |  | | | From: | | | | | | | | | | | | | | | | | | | | To: | | | | | | | | | | | | | | | | | |
|  | | |
| This period should be your last financial year, OR If you have not been trading for a full year; it should be from the date your Business started to date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Income** | | | | | | |  | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |  | | |  | | |  | | | | | | | |
| Income/Sales/Takings/Gross Earnings | | | | | | | | | | | | | | | £ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| Income from any other source | | | | | | | | | | | | | | | £ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give detail: | | | | | | | | | | | | | | |
|
|  | | |  | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Business Income | | | | | | | | | | | | | | | £ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Expenses** | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | |  | | |
| Please only include the Business element of expenses for Telephone, Heating, Lighting and Motoring. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| **Expense** | | | | | | | | | | | **Amount Declared as a Business Expense** | | | | | | | | | | | | | | | | | | | | | | | | **Frequency** | | | | | | | | | | | |
|
| Wages paid to Others | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Rent of Business Premises | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Use of House for Business | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Business Rates | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Business Insurance - Employer Liability | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Business Insurance - Other (please give detail) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Business Heating & Lighting | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Business Telephone | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Advertising | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Printing & Stationery | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Postage/Carriage Costs | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Protective Clothing/Cleaning costs | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Bank Charges | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Accounting Fees | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Capital Loan Repayments  (used to repair/replace Assets) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Interest Payments on Business Loans | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| HP/Leasing Costs  (please give detail) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| Subscriptions to Professional Bodies | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|
| **Expenses Continued** | | | | | | | | | | |  | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | |  |  | | | |
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| **Expense** | | | | | | | | | | | **Amount Declared as a Business Expense** | | | | | | | | | | | | | | | | | | | | | | **Frequency** | | | | | | | | | | | | | |
|
| Transport Costs (not Commuting) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| Business Repairs | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| Purchase of Stock/Materials | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| **Business Motoring Expenses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Self/Business | | | | | | | | | | | | | |
| Who owns the vehicle(s) (Please delete as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car Lease | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| Road Tax | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| Fuel - Petrol/Diesel | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| Insurance | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| Vehicle Repairs | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|
| **Total Expenses** | | | | | | | | | | | **£** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Is it reasonable to assume that Income/Expenses will remain the same for the next 6 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | |
|
| If No, Please Explain likely differences: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please Note - you may be required to provide proof of any expenses listed. A member of Staff will contact you if necessary.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 5. Other Outgoings** | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | |
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| **National Insurance**: Do you hold an Exemption Certificate? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | | |
| **If Yes**, Please return the original certificate with this form | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | |
| **If No**, Please provide evidence of your contributions | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | |
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| **Pension Contributions** | | | | | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | |
| Do you contribute to a Personal Pension Scheme? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes/No | | | | | | | | | | | | | | |
| **If Yes**, Please provide evidence of the scheme and your contributions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **Section 6. Declaration** | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | |
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| **Please read this declaration carefully before you sign and date it.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **-** | | **I declare** that the information I have given on this form is correct and complete and I have declared all of my Business Income. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| **-** | | **I give** you permission to make any enquiries to check the information on this form with the information I have given to other Sections within the Council, Benefit Authorities and the Home Office, as allowed by law. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **-** | | **I must** let you know immediately of any changes in circumstances which may affect the claim. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| **-** | | **I understand** that if I give any information that is not correct or complete, or do not tell you about any changes that might affect my Benefit, I may be prosecuted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **-** | | The Council is under an obligation to manage public funds properly. Accordingly, I understand that information I provide will be used to ensure appropriate payment of Housing Benefit/Council Tax Reduction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of person claiming | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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