

Self Employed form Help with rent and council tax

If you require help with this form, please contact us on 01273 292000.

Identity

Full Name	<input type="text"/>	Contact no.	<input type="text"/>
Date of Birth	<input type="text" value="DD / MM / YYYY"/>	National insurance no.	<input type="text"/>
Current Address	<input type="text"/>		
Email address	<input type="text"/>		

About your business

Business name	<input type="text"/>	Business type	<input type="text"/>
Business start date	<input type="text" value="DD / MM / YYYY"/>	Average hours worked per week	<input type="text"/>
Where is the business operated from?	<input type="text"/>		
Do you run any other businesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "Yes" please complete an additional self employed form for each business.			
Are you a director or secretary of a limited company or a sub contractor with only one employer or client.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you contribute to a personal pension scheme, please state how much and how often:	<input type="text"/>		
Is your business a partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what percentage of the profit / loss is yours	<input type="text" value=""/> %		
Is your husband / wife a partner in the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what percentage of the profit / loss is theirs	<input type="text" value=""/> %		
Are there any other people on the payroll of the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes please give details	<input type="text"/>		
Do you use part of your own home for business purposes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes please give details	<input type="text"/>		
Do you receive regular tips or commission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide details regarding the amounts and frequency	<input type="text"/>		

Is it reasonable to assume that the trading figures for the next 6 months will be similar to those that you are declaring? If "No" please explain why below

Yes No

Do you have accounts (prepared by an accountant) for the last financial year?

Yes No

If "Yes" please send us the original document(s) and sign the declaration on this form.

If "No" then please complete the rest of this form.



Statement of your accounts

Period covered

From

To

Total gross income for the above period (Sales or takings)
Please do not deduct any expenses from this figure.

£

Total Business expenses – for the above period only. Do not include personal expenses.

Wages (to yourself)	£
Wages (to your spouse/partner)	£
Wages (to others)	£
Business rates	£
Heating and lighting	£
Cleaning	£
Telephone 1 - Phone	£
Telephone 2 - Broadband	£
Insurance	£

Advertising	£
Postage	£
Printing & Stationery	£
Accountants fee	£
Bank charges	£
Interest on loan	£
Repair of business asset	£
Replacement of business asset	£
Leasing charges (shop, studio, room, store)	£
Travel expenses (train, bus, parking)	£

Motor expenses – business and personal

MOT	£
Motor repairs	£
Motor fuel costs (petrol/diesel/LPG)	£
Car lease	£
Motor insurance	£

Who owns the vehicle/s? Self Business

If vehicle is business owned, do you use for other than business? Yes No

If applicable, please state what percentage is business use. %

Other business expenses Please give details below, if you have more, please attach a separate sheet to this form

<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£

<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£

- If you have more than one self-employed business you must submit a separate form with details for each business.
- If your partner is self-employed in a separate business they must provide details of that business using a different self-employed form.
- If you or your partner are trading as a self-employed Taxi Driver you will need to also complete an additional form. Please visit www.brighton-hove.gov.uk/benefits and print the 'questionnaire for Self Employed Taxi drivers.' Alternatively, contact us for a paper copy.

Declaration

The self employed information I have given on this form is true and correct. If any of the information is found to be untrue and I get too much benefit, reduction or discount I will have to repay it and I may be prosecuted.

You

Date

If someone else has filled in this form on your behalf please ask them to sign this form.

Signature

Date