

Housing Benefit and Council Tax Benefit
Self-employed earnings declaration
Private and confidential

Benefits Service
PO Box 660
Halifax
HX1 1ZT
0845-245-8000
benefits.unit@calderdale.gov.uk

1. PERSONAL INFORMATION

Surname:

Other names:

Address:

Telephone number (home):

Telephone number (work):

2. ABOUT YOUR BUSINESS

Business
name:

Business
address:

Nature of
business:

Date business
commenced:

Average number of hours worked per
week:

3. ABOUT THE BUSINESS INCOME

Do you have any prepared accounts (audited or otherwise) for the last
financial year?

Yes
No

If Yes, return a copy of them with this form and go to Section 5

If No, give the reason why and the date that you expect to have them:

What is your accountant's name and address?

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If you do not have any prepared accounts or if you have not been trading for a full year, please complete section 4 onwards.

4. STATEMENT OF ACCOUNTS

Specify the exact period covered: from: to:

INCOME	
Sales (or takings)	£
Closing stock	£
Enterprise allowance	£
Less	
Cost of sales (purchases)	£
Opening stock	£
	£
GROSS PROFIT	£

EXPENSES	
Drawings (cash or stock)	£
Wages/salary paid to partner	£
Wages/salary paid to others	£
Rent	£
Business rates	£
Heating & lighting	£
Cleaning	£
Business insurance (state what is covered)	£
Advertising	£
Printing & stationery	£
Postage	£
Accountants charge	£
Bank charges	£
Interest payments on business loans	£
Repair/replacement of existing business assets	£
Business entertainment	£
Vehicle expenses	£
Other expenses (please specify)	£
	£
	£
	£
	£
	£
	£

Expenses - only include amounts relating solely to the business. Domestic and personal expenses must not be included.

You may be required to provide proof of any expenses listed. If so, we will write to you.

Is it reasonable to assume that the trading figures for the next 12 months will be similar to those quoted above?

YES

NO

If NO explain the likely differences:

5. OTHER OUTGOINGS

Income tax (per annum)	£
National insurance contributions (weekly)	£
Personal pension scheme (weekly)	£

Please enclose proof of payments.

6. 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.**

Signature

Date

Please return to:

BY POST

Benefits Service
PO Box 660
Halifax
HX1 1ZT

IN PERSON

Benefits Service
Calderdale Council
Northgate Entrance
Princess Buildings
Halifax
HX1 1TP

If you would like this information in another format or language, please contact 0845-245-8000.