



Anglian Revenues Benefits Partnership

Housing Benefit and Council Tax Benefit
Self Employed Earnings Information



Forest Heath
District Council

Revenue Services
Breckland House, St Nicholas Street,
Thetford, Norfolk IP24 1BT
Tel: 01362 656872
Fax: (01842) 756513

College Heath Road,
Mildenhall, Suffolk IP28 7EY
Benefits Section Freephone 0800 163030
Fax: 01638 716493

PRIVATE AND CONFIDENTIAL

Surname..... Other names.....
 Address.....

 Post code.....
 Claim number..... National Insurance Number

Please complete this form in full. If any question does not apply to you please enter not applicable in the appropriate box.

A about your business

Name of business
 Business address

Type of business
 Date business started
 Start date of your current financial year
 How many hours do you work each week

Is your business a partnership? Yes No
 (please provide partnership agreement)

Is your husband/wife a partner in the business? Yes No

Is your husband/wife on the payroll of the business? Yes No

Are there any other people on the payroll of the business? Yes No

Do you use part of your own home for business purposes? Yes No

If yes, what percentage of the Profit/loss is yours? %

If yes, what percentage of the Profit/loss is their's? %

If yes, are his/her earnings? £ every

If yes please give details

B about the business income

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 D**

If no please state the reason why and the date you expect to have them and go to - **Section C**

Do you have your latest Schedule D Tax assessment? Yes No

If yes please return it with this form, if no please state reason why not and the date you expect to receive it.



income and expenditure

Please only complete this section if you do not have any prepared accounts for the last financial year or if you have not been trading for a full year.

State exact period covered From To

This should be your last financial year OR it should be the date your business started until the current date

Sales, takings or income	£ <input type="text"/>	+
Plus VAT refunded	£ <input type="text"/>	+
Plus Enterprise Allowance	£ <input type="text"/>	+
Plus Closing Stock	£ <input type="text"/>	+
Less Cost of Sales	£ <input type="text"/>	-
Less VAT paid out	£ <input type="text"/>	-
Less Opening Stock	£ <input type="text"/>	-
Gross profit	£ <input type="text"/>	

For office use
only

Expenses - You must only include amounts that relate solely to the business.

(e.g. If telephone calls are made you must apportion the total cost between private calls and business calls)

Drawings (Cash or Stock)	£ <input type="text"/>
Wages paid out	£ <input type="text"/>
To self	£ <input type="text"/>
To spouse or partner	£ <input type="text"/>
To others	£ <input type="text"/>
Rent (business only)	£ <input type="text"/>
Business rates	£ <input type="text"/>
Heating and lighting	£ <input type="text"/>
Cleaning	£ <input type="text"/>
Telephone	£ <input type="text"/>
Business insurance	£ <input type="text"/>
Advertising	£ <input type="text"/>
Printing and stationery	£ <input type="text"/>
Postage	£ <input type="text"/>
Accountants charges	£ <input type="text"/>
Bank charges	£ <input type="text"/>
Interest payments on business loan	£ <input type="text"/>
Repair/replacement of business asset	£ <input type="text"/>

For office use
only

Was this covered by insurance? Yes No

Please continue on next page

For office use
only

Leasing charges
- please state what is leased
Business entertainment
Bad debts
- please give details
Other expenses
- please give details

Motoring expenses
Car lease
Road Tax
Petrol/Diesel
Repairs
Insurance

Who owns the vehicle(s)? Self Business

Do you use the vehicle for private use? Yes No

You may be asked to provide proof of any items listed above, we will contact you again if necessary.

Will these figures change significantly in the next six months? Yes No

If yes please explain the likely differences

D other outgoings

National insurance

- Do you hold an exemption certificate? Yes No

If No please provide evidence of your contributions
Weekly / monthly / annually

Personal pension contributions

Contribution to personal pension scheme
Weekly / monthly / annually

Please provide proof of the scheme and of the payments made

D declaration

Please read this declaration carefully before you sign and date it.

I understand the following:

- 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, Council Tax benefit or both. You may check the information with other sources within the Council, Rent Offices and other Councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give this information to other government organisations, if the law allows this.

I know that I must let the Council know about any changes in my circumstances which may affect my claim.

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

Signature of person claiming

Date

Please return completed form to:
Revenues Services, Breckland House,
St. Nicholas Street, Thetford, Norfolk IP24 1BT
Phone: 01362 656872 Fax: (01842) 756513
Email: Benefitenquiries@Angliarevenues.gov.uk