

**Chesterfield Borough Council**  
**Benefits Section**  
**Revenues Hall**  
**PO Box 100**  
**85 New Square**  
**Chesterfield**  
**S40 1BR**

**Tel: 01246 345484**  
**Fax: 01246 348486**

**Housing Benefit / Council Tax Benefit**  
**Self Employed Earnings Declaration**

**FOR OFFICE USE ONLY**

<b>Gross Profit (Page 1)</b>	£ <input type="text"/>	<b>Gross Income per week</b>	£ <input type="text"/>
<b>Allowable expenses (Page 2)</b>	£ <input type="text"/>	<b>Other outgoings:</b>	
<b>Pre-tax profit for period</b>	£ <input type="text"/>	National Insurance	£ <input type="text"/>
<b>Pre-tax profit per week</b>	£ <input type="text"/>	Tax	£ <input type="text"/>
		Pension	£ <input type="text"/>
		<b>Net Income per week</b>	£ <input type="text"/>
Effective From	<input type="text"/>	Review Date	<input type="text"/>
Calculated by	<input type="text"/>		
Date	<input type="text"/>		

Email [benefits@chesterfield.gov.uk](mailto:benefits@chesterfield.gov.uk)

Your Name	<input type="text"/>	Name of Business	<input type="text"/>
Benefit Ref.	<input type="text"/>	Type of Business	<input type="text"/>
Your Home Address	<input type="text"/>		Business Address <input type="text"/>
Home Tel No.	<input type="text"/>	Business Tel No.	<input type="text"/>

Please use this form for your main Self Employed Work. If you have more than one type of self employment please telephone for advice.

**How to fill in this form.**

Please answer all the questions on this form. Give as much information as you can about the business and the

- money you have received (your income)
- money you have paid out (your expenses) because of your self employed work.

May we telephone you at work?  Yes  No VAT Registration No.

Do you own  Or rent  this business address? Average hours worked per week

Date Business commenced  Is your business a partnership  Yes  No

If business is a partnership, please list all partners and the percentages of profit or loss for each

Names	Percentage shares (e.g. 50/50. 33/33/33)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you been trading for 12 months or more?

Yes	No
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If yes complete this form with figures for the last 12 months.

Have you been trading for between 1 and 12 months?

Yes	No
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If yes complete this form with actual figures for the period.

Have you been trading for less than 1 month?

Yes	No
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If yes complete this form with projected figures for the next 3 months.

**State exact period**

From    To

Monies received from sale of goods or work done	£
Tips or Commission	£
Payments from Government bodies to help set up your business	£
<b>Total (A)</b>	£
Purchases of stock for resale	£
Goods and materials for products	£
<b>Total (B)</b>	£
Vat Refunded	£
Closing Stock	£
<b>Total (C)</b>	£
Vat Paid Out	£
Opening Stock	£
<b>Total (D)</b>	£
<b>Gross Profit = (A)-(B)+(C)-(D)</b>	£

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EXPENSES – We can only allow expenses which relate to the business. Enter this amount in the business column below. If you are unable to split business expenses from personal put the total expenses in the total column and show either the amount or percentage of personal expenses in the personal column.

**YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY EXPENSE ITEMS LISTED**

	<i><b>Total Expenses</b></i>	<i><b>Amount for Personal Use</b></i>	<i><b>Amount for Business Use</b></i>
Mortgage Interest	£	£	£
Rent	£	£	£
Business Rates	£	£	£
Water Rates	£	£	£
Heating and Lighting	£	£	£
Property Insurance	£	£	£
Repairs & Maintenance	£	£	£
Cleaning Costs	£	£	£
Telephone	£	£	£

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**Motoring Expenses** – Who owns the vehicles? **Yourself / Business** (Delete as applicable)

	<i><b>Total Expenses</b></i>	<i><b>Amount for Personal Use</b></i>	<i><b>Amount for Business Use</b></i>
Petrol	£	£	£
Car Lease	£	£	£
Insurance	£	£	£
Road Tax	£	£	£
Repairs	£	£	£

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**Other Expenses**

Drawings (Cash or value of business goods for your own use)	£
Wages paid to Self	£
Wages paid to Spouse	£
Wages paid to Others	£
Advertising	£
Printing, Stationery and Postage	£
Accountants Charges	£
Business Entertainment	£
Bank Charges	£

If you have a bank account for business please enclose statements for the whole period).

Business Insurance

**Please state what is covered by insurance -**

**Interest Payments on any Business Loan**

Please enclose a copy of the loan arrangement

**Repairs of Business Assets (Do not include Motoring – see above)**

If a loan has been taken out for this purpose please enclose the loan documents

Was this expense covered by insurance?

<b>Yes</b>	<b>No</b>
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**Replacement of Business Assets**

If a loan has been taken out for this purpose please enclose the loan documents

Was this expense covered by insurance?

<b>Yes</b>	<b>No</b>
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**Leasing Charges (Do not include Motoring – see above)**

Please state what is leased

**Bad Debts (Proven – i.e. where default has occurred)**

Please Specify

**Other Expenses – please specify**

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

**Total of all business expenses above**

Is it reasonable to assume that the trading figures for the next 3 to 6 months will be similar to those quoted?  Yes  No

If **NO** please explain the likely differences

Does the amount of money coming into your business change at different times of the year

Yes  No

If **YES** please give details

### OTHER OUTGOINGS

#### National Insurance

£

Do you hold an exemption certificate

Yes  No

#### Tax

£

Please enclose your latest assessment letter

#### Personal Pension Contributions

£

If you contribute to a personal pension scheme please state amount paid.

Please provide Proof of the payments and membership of the scheme.

What is the frequency of the pension contribution payment (e.g. weekly/monthly)?

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### DECLARATION

I declare to the best of my knowledge that 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 wish.

I understand to notify in writing any changes in my income immediately if such changes occur.

**Signature:**

**Date:**

Forms completed by someone other than the claimant. This section must be completed if someone has filled in the claim form on your behalf. This includes an agent, appointee, relative, friend or accountant.

**Name of person who completed the form:**

**Signature of the person:**

**Relationship to you:**