SELF EMPLOYED DECLARATION

Please return this form within one calendar month of issue, unless otherwise specified				
Claim Ref: Full Name: Home Phone:	Address:			
1. ABOUT YOUR BUSINESS				
Name of Business: Type of business: Work Phone:	Business Address:			
Date Business Started Start date of Current financial year	Average no. of hours worked each week			
Is your business a partnership? (please tick one) What is their name? What percentage of the total profit or loss is yours? Please provide your partnership agreement.	No Yes – please complete information What is their Address?			
Does your spouse or anyone else you live with have a share in the business? What percentage of the total profit or loss is theirs?	NoYes − please complete information below%			
Is your spouse or anyone else you live with on the payroll of the business? How much are they paid?	 No Yes − please complete information below € every week/fortnight/month (please delete) 			
Are there any other people on the payroll of the business?	□ No			

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Do you use part of your ho purposes?	me for business	No Yes – please	give details below		
2. ABOUT THE BUSINESS INCOME					
What is your Inland Reven	ues Tax Number?				
	you have the latest Tax calculation letter from Sevenues & Customs (HMRC)? Yes – Please return with form No – Please state when you expect to have the latest Tax calculation letter from No – Please state when you expect to have the latest Tax calculation letter from No – Please state when you expect to have the latest Tax calculation letter from No – Please return with form				
Do you have prepared accordinancial year?	ounts for the last	Yes – Please return a accounts with this form No – Please state whe them?	•		
3. ABOUT THE INCOME & EXPENDITURE					
Please state the exact period covered:	od From:	To:			
If you have just started as self employed please complete with projected figures for the next three months. If you have been trading for less than one year, please complete with figures from the date you started to date. Otherwise provide your figures for the last financial year.					
Money coming in and expe	nses				
INCOME		EXPENSES			
Sales, takings or income	£	Purchases of stock	£		
Tips or gratuities	£	Opening Stock	£		
VAT Refunded	£	TOTAL COSTS	£		
Closing Stock	£	GROSS PROFIT (income minus costs)	£		
TOTAL INCOME	£				

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Business Expenses – include amounts that relate solely to the business				
Drawings – Cash and stock	£	Postage	£	
Wages – paid to yourself	£	Accountant's charge	£	
Wages – paid to partner	£	Bank Charges	£	
Wages – paid to others	£	Interest payments on business loans	£	
Rent – Business premises	£	Please provide copy of lo	an agreement	
Business Rates	£	Repair/replacement of business assets	£	
Water Rates	£	Was this covered by insura	ance*? Yes 🗌 No 🗌	
Gas & Electricity	£	Leasing charges	£	
Cleaning	£	Please state what is leased		
Telephone	£			
Business Insurance	£	Bad Debts	£	
Advertising	£	Please give details of bad debts		
Printing & Stationery	£			
* Do not include motoring.				
Motoring expenses – include amounts that relate solely to the business				
Petrol or Diesel	£	Car Lease	£	
Repairs	£	Who owns the vehicle?	You Business	
Road Tax	£	Do you use it for anything else than for business	Yes 🗌 No 🗌	
Insurance	£			
Other expenses – please give detailed breakdown of other expenses (use separate sheet of paper if necessary)				

You will need to provide proof of any expense items listed. The Benefit section will contact you if any further proof is required.

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4. FUTURE TRENDS				
Is it reasonable to assume that the trading figures for the next 6 months will be the similar?	☐ Yes☐ No – please state likely differences below			
5. OTHER OUTGOINGS				
How much do you pay into a personal pension scheme? every week/fortnight/month (select one)				
Please provide proof of any schemes to which you belong and proof of the payments made.				
6. DECLARATION				
I declare that the information I have given on this form is correct and complete.				
I understand that if I give information that is incorrect or incomplete you may take action against me. This may include court action.				
Signature	Date			
Full Name				