



Name.....
Claim Number (if known).....
Claim Address.....
.....
.....
Postcode.....

STATEMENT OF SELF EMPLOYED INCOME	
1. ABOUT YOUR BUSINESS	
a. Name and address of business:	_____ _____
b. Nature of business:	_____
c. Sole trader: YES/NO If NO, how many partners (include yourself) ____	_____
d. Do you need a vehicle to carry out your business: YES/NO If YES, please give details:	_____
e. Is this your only vehicle: YES/NO	_____
f. Date business started:	_____
g. Do you have prepared accounts for the last financial year: YES/NO If YES, please supply them.	_____
h. Name and address of Accountant:	_____ _____
2. CONTRIBUTIONS	
Do you pay the following:	Tax: YES/NO National Insurance: YES/NO
If YES, please supply evidence of payments made	



3. INCOME & EXPENSES				
Please complete this statement of accounts for the last 12 months or from the start of business if you started trading less than 12 months ago and forward either accounts prepared by your accountant or evidence of income and evidence. Please also specify the period these figures relate to:-				
				Office use
FROM:		TO:		
INCOME	AMOUNT	Frequency if regular payment amount		
Sales or takings	£			
Value of stock	£			
Tips	£			
Other	£			
TOTAL	£			
EXPENSES	AMOUNT	Frequency if regular payment amount	* % Personal Use	
Wages (to partner)	£			
Wages (to other)	£			
Rent (business premises)*	£			
Business rates	£			
Heating & Lighting*	£			
Telephone*	£			
Advertising	£			
Printing/Stationery*	£			
Postage*	£			
Car Tax/Insurance*	£			
Car repairs/maintenance*	£			
Petrol*	£			
Car other (please specify)*	£			
Insurance (other than car)	£			
Bank charges	£			
Interest paid on bank loans	£			
Repair/replacement of assets	£			
Bad debts (please specify)	£			
Accountants fees	£			
Payments for stock	£			
Other (please specify)	£			



TOTAL	£			
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** Please show how much of the total amount covers personal use/costs*

4. DECLARATION

I declare that the information given on this form is true and complete to the best of my knowledge. I authorise the Council to verify any information if they so wish.

SIGNATURE:		DATE:	
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