Part 4 Other outgoings

N ATIONAL INSURANCE: Do you hold an Exemptio	n Certificate?	YES] NO			
If 'YES', please send us pr	oof If 'NO', pleas	e provide eviden	ce of your cor	tributions	5	
PENSION CONTRIBUTIO Do you contribute to a pe		e? YES] NO			
If 'YES', how much do you	pay?	£		per	(wee	k/month etc)
(Please send us proof of payr	nents you have made and	your membership o	of the scheme, f	or all pensi	ons to whicł	n you contribute.
Part 5 Profi	t/Loss					
Please provide the total p	rofit/loss for this accou	unting period _				profit/loss
Part 6 Decl	aration					
	Please read	this declaratio	on carefully			
		WARNING				
	It is an offen	ce to give false	informatio	n		
This information is in	support of my claim	for Housing B	enefit/Coun	 cil Tax Re	duction	
• I declare that the info	ormation given on th	is form is true a	and complete	to the b	est of my	knowledge.
• I will inform the Nor circumstances chan criminal offence and	ge. I understand tha	at failure to dec	clare a chan	ge in circ	umstanc	es is a
• I understand that a d any benefit which has		any change in ci	rcumstances	may mea	n that I h	ave to repay
Data Protection Statemer The Council processes your pe Protection Act 2018. We may u We may pass on your persona purposes of crime prevention	rsonal information in accord ise your personal informatior l information to law enforcer	n in a number of ways	, but only for the	ourposes for	which it was	given.
For further information on how	w we process your personal in	nformation, please re	fer to our Privacy	Notice: www	northyorks.	gov.uk/privacy
I have read and understo I declare that the informa			t and complet	e		
Signature of person claiming				Date	/	/

Housing Ben Council Tax R			NORTH YORKSHIRE COUNCIL
Self-employ Form	ed Income	Scarborc YO11 2ZI	148 ll las Street ough
	Ref. No		
		Issued:	Ву:
Last name			
Other names			
Title Mr, Mrs, Ms or other			
Address			
		Postcode	

Telephone number

Thank you for your claim for Housing Benefit/Local Support for Council Tax. I need more information to work out your income from self-employment.

Please answer all the questions by either completing the appropriate details or by writing N/A if the details are not applicable. DO NOT leave any questions blank. You may wish to ask your accountant for help to fill in this form.

Where I have asked for proof, you no longer have to provide original documents to support your application, instead you can provide copies. You can email copies of your documents directly to us at benefits.office.sca@northyorks.gov.uk

From January 2018, the Benefits Office will be unable to return any original documents to you. Any original documents received after this date will be retained for two months and then destroyed.

Complete	and	return	this	form	to
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Benefits Office, PO Box 148, Town Hall, St Nicholas Street, Scarborough YO11 2ZH

I declare that the information I h	ave given on this form is correct and	d complete to the best of my knowledge

If someone else has completed this form for you, please ensure they complete this section

Signature		
Address		COMPANY
	Postcode	STAMP
Title		

APRIL 2023

About your business Part 1

Name and address of your				
			Postcode	
Type of business?				
Date				
When did you first become self employed? Please give exact date	/ /	HMRC Ref number		
Do you have an interest in more tha one business?	ⁿ No Yes			
If 'Yes', please provide brief details				
Please state the average				
number of hours worked each week				
ARE YOU A DIRECTOR OF THIS BUSINESS?	No Yes			
IF 'YES', PLEASE SEND US PROOF O			COMPLETE THIS FC	ORM.
GO TO PART 5, SIGN AND RETURN	THIS FORM WITHOUT D	ELAY		
Are you a Director of any other business?	No Yes			
Is your business a partnership?	No Yes		percentage of the or loss is yours?	%
Is your partner, husband or wife in		•	percentage of the	
partnership of your business?	No Yes		or loss is theirs? %	%
Is your partner, husband or wife on the payroll of the business?	No Yes			
If 'Yes', what are their earnings?	£	per	(week/mo	onth etc)

Part 2 About your business income

Do you have any prepared accounts for the last finacial year?

Yes

No

If 'Yes' go to Part 4 and send the accounts with this form

If you do not have any prepared accounts or you have not been trading for a full year, please continue to Part 3 of this form

Part 3 Income and spending

PERIOD COVERED

	e current			ot been trading for a ye es, provide projected ea			
OTE: If you are a Chi	ildminde	er, please or	nly complete	Period Covered, Sales	/Takings/I	ncome and F	Part 5.
From	/	/	/	То	,	/ /	/
ICOME (Please gie fig	gures for	the period	stated above)			
ALES/TAKINGS/INCOM nd/or commission)	/IE (inclu	ding tips	£	Income from Self Support Scheme			£
AT REFUNDED			£	BUSINESS START	UP ALLOW	ANCE	£
NY OTHER INCOME (olease gi	ve details)					
госк	OI	pening Stocl	£		C	losing Stock	£
KPENDITURE							
ease give the outgoi	ngs of yo	our business	during the p	period stated above. Ple	ease do no	t include dep	reciation.
(PENSES		TOTAL SPENT	AMOUNT INCLUDED FOR PRIVATE USE			TOTAL SPENT	AMOUNT INCLUDED FOR PRIVATE USE
OST OF SALES (PURCHA	SES)	£	£	LEASING CHARGES (do n car please state what is		£	£
ATER RATES		£	£		, , ,		
AGES PAID OUT O SELF		£	£				
O PARTNER, HUSBAND	OR WIFE	£	£	MOTORING EXPENSES			
O OTHERS please state names & a	ddresses	£ on a separate	£ sheet	- DO YOU HAVE A SEPA FOR BUSINESS USE?	RATE VEHIC	YES	NO 🗌
NT FOR BUSINESS PRE	MISES	£	£	- ROAD TAX		£	£
JSINESS RATES		£	£	- PETROL/DIESEL		£	£
ATING AND LIGHTING		£	£	- INSURANCE		£	£
OBILE/LANDLINE/INTER	NET	£	£	- CAR LEASE		£	£
JSINESS INSURANCE		£	£	- SERVICING/REPAIRS/N	ЛОТ	£	£
lease state what is cove	ered)			- RADIO RENTAL LICEN	CE	£	£
				WHO OWNS THE VEHIC	LE(S)?	BUSINESS	SELF
OVERTISING		£	£	If a company vehicle, do use of it outside of the b		YES	NO 🗌
RINTING/STATIONERY/P	OSTAGE	£	£	BAD DEBTS (please spe	cify)	£	£
COUNTANT'S CHARGE		£	£	OTHER EXPENSES (plea	se specify)	£	£
NK CHARGES n business accounts or	nly)	£	£				
TEREST PAYMENTS ON JSINESS LOAN		£	£				
lease enclose a copy of	the loan	agreement)					
PAIR/REPLACEMENT OI	FA	£	£				

INCOME (Please gie	figures	for the	period	stated	above

SALES/TAKINGS/INCOME (including tips	£
and/or commission)	

This should be your last fina business started to the curre income after 4 weeks tradin	ent date. For n g.	ew businesse	es, provide projected e	earnings foll	owed by you	r actual
NOTE: If you are a Childmin	ider, please or	nly complete		s/Takings/II	ncome and I	Part 5.
From	/	/	То	/	//	/
INCOME (Please gie figures f	for the period	stated above)			
SALES/TAKINGS/INCOME (ind and/or commission)	luding tips	£	Income from Se Support Scheme			£
VAT REFUNDED		£	BUSINESS START	UP ALLOW	ANCE	£
ANY OTHER INCOME (please	give details)					
ѕтоск	Opening Stoc	k £		CI	osing Stock	£
EXPENDITURE Please give the outgoings of	your business	ថ during the រ	period stated above. P	lease do not	t include dep	reciation.
EXPENSES	TOTAL SPENT	AMOUNT INCLUDED FOR PRIVATE USE			TOTAL SPENT	AMOUNT INCLUDED FOR PRIVATE USE
COST OF SALES (PURCHASES)	£	£	LEASING CHARGES (do		£	£
WATER RATES	£	£	car please state what	is leased)	· · · · · ·	
NAGES PAID OUT TO SELF	£	£				
TO PARTNER, HUSBAND OR WI	FE £	£	MOTORING EXPENSES	5		
TO OTHERS	£	£	- DO YOU HAVE A SEP FOR BUSINESS USE?			
please state names & address	es on a separate	e sheet			YES	
RENT FOR BUSINESS PREMISES	£	£	- ROAD TAX		£	£
BUSINESS RATES	£	£	- PETROL/DIESEL		£	£
HEATING AND LIGHTING	£	£	- INSURANCE		£	£
MOBILE/LANDLINE/INTERNET	£	£	- CAR LEASE		£	£
BUSINESS INSURANCE	£	£	- SERVICING/REPAIRS/	/MOT	£	£
(please state what is covered)			- RADIO RENTAL LICEN	NCE	£	£
			WHO OWNS THE VEHI	CLE(S)?	BUSINESS	SELF
ADVERTISING	£	£	If a company vehicle, d use of it outside of the		YES	NO 🗌
PRINTING/STATIONERY/POSTAG	E £	£	BAD DEBTS (please sp	ecify)	£	£
ACCOUNTANT'S CHARGE	£	£	OTHER EXPENSES (ple	ase specify)	£	£
BANK CHARGES (on business accounts only)	£	£				
INTEREST PAYMENTS ON BUSINESS LOAN	£	£				
please enclose a copy of the lo	an agreement)					
REPAIR/REPLACEMENT OF A BUSINESS ASSET (do not include motoring)	£	£	NOTE: We may ask or expen		[:] of any items d on this form	
Was this covered by Insurance?	YES	NO				