HOUSING AND COUNCIL TAX BENEFIT SELF-EMPLOYED TAXI DRIVER INCOME SHEET



Please complete this form (even if you have audited accounts) if you or your partner are a self-employed taxi driver.

Coation 1	
Section 1	
Full Name	
Home Address	
Telephone number (home)	
Telephone number (mobile)	
Telephone number (business)	
Section 2	
What date did you start this business?	
Do you have a business partner?	No
If yes provide the names and addresses of all partners and provide your partnership agreement (if you have one).	
What percentage of the business do you own?	
Do you pay wages and who is this paid to e.g. self, staff, partner/civil partner?	
How many hours per week do you work?	
If you have been trading for more than 12 months do you have any prepared a last financial year? Yes	accounts (audited or otherwise) for the

Section 2 (cont'd)			
If Yes, please provide your original accounts (n	ot a copy).		
If No, give the reason why and the date you exp	pect to have them.		
Section 3			
If you are newly self-employed complete the fol	llowing, if not go straight	to section 4.	
Estimate the weekly amount you will receive from your self-employment			
Have you drafted a financial projection of	Yes	No No	
your income and expenditure?	ase provide a copy)	NO	
Have you registered as self-employed	Yes	No No	
with HM Revenue and Customs?	.00		
If yes, please supply your unique self-employment Tax Reference number			
Section 4			
Do you own your own taxi?	Yes	No	
If yes, complete Section 4a.	V		
Do you share the taxi with other drivers?	Yes	No	
If yes, state how many other drivers. Now complete Section 4a.			
De consequence de la consequence della consequen	V	No.	
Do you work for a taxi firm that has a pool of drivers and therefore drive any car available	Yes ?	No	
If yes, complete Section 4b.			

Section 4a							
What is the current (please state if in m							
What date was the last vehicle inspection of your taxi?							
What was the mileage of your taxi at this inspection? (provide proof).							
Please give the make, model,cc and registration number of your taxi?							
What type of fuel do you use?							
How much per litre fuel?	/ gallon do	you pay for	£	li	tre / gallo	n	
How many miles per vehicle do?	r gallon doe	es your					
How much do you cl	narge per m	nile?					
How much is your minimum fare?							
If other drivers use state how much the		ease					
What is your plate n Licensing Authority		which					
What percentage of	the mileage	e has been (used for the follow	ing:			
Personal u	se*	Pa	id fares	Disengaged fares**		Of	ther drivers
*Personal use include **Disengaged fares							
Section 4b							
Please give the nam and telephone num you work for							
Please complete th	ne following	g detailing y	your self employn	nent over the past 5	weeks:		
Date (week commencing)	Total nu of miles	I	Number of paid miles	Amount spent for fuel	Number hours		Amount taken in fares

Section 5 - Details of your business	takings and	d expenditure		
You will be asked to provide evidence for your business accounts, receipts et	•	ne and expenditure, for ex	ample bank stateme	ents
State the period covered				
From	То		Number of weeks	
This should be your last financial year current date.	or if you have	e not been trading for a ye	ear it should be the	date your business started to
a) Business Income:				
Give amounts for the period stated abo	ove	£		
Takings / work done				
Tips				
Business start up allowance				
VAT refunded				
Commission				
Interest				
Other monies received (please specify)			
If you make it is Duckness Charle I In Allow			المحمد المناسخة معملا	
If you receive Business Start Up Allow		e date it started and the t	rate it will end.	
From	To		J	
b) Business expenses - general				
Give the total amount of expenditure for	or the period	stated and also detail the	percentage for priv	rate use where applicable.
		£ Total spent	: %	6 for private use
Drawings paid to yourself				
Rent for business premises				
Business / water rates				
Mortgage interest (business premises))			
Accountancy charges				
Advertising, printing, stationery and po	ostage			
Loan interest (provide loan agreement	2)			
Heating and lighting				
Telephone				
Insurance (not motor)				
Other (please specify)				

E Total spent	Section 5 - Details of your business takings an	d expenditure (cont'd)	
Fuel Insurance* Radio Rental Repairs and Servicing Road Tax Badge / Licence Fees Cleaning Vehicle test* How much track do you pay? Others (please specify) **Please provide evidence Is it reasonable to assume that the business income and expenditure for the next 6 months will be similar to the details you have given on this form? Yes No If no give more details Section 6 - Other outgoings Do you pay National Insurance contributions? Yes No If yes, how much do you pay and how often? If no, do you have an exemption certificate? Yes No	c) Please detail your taxi expenditure		
Insurance* Radio Rental Repairs and Servicing Road Tax Badge / Licence Fees Cleaning Vehicle test* How much track do you pay? Others (please specify) **Please provide evidence Is it reasonable to assume that the business income and expenditure for the next 6 months will be similar to the details you have given on this form? Yes No Section 6 - Other outgoings Do you pay National Insurance contributions? Yes No If yes, how much do you pay and how often? If no, do you have an exemption certificate? Yes No Do you contribute to a personal pension scheme? Yes No If yes how much do you pay and how often?		£ Total spent	% for private use
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If yes how much do you pay and how often?	If no, do you have an exemption certificate?	Yes No	
	Do you contribute to a personal pension scheme?	Yes No	

Section 7 - Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

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

- 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.
- I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by law.
- I understand that you may use any information I have given in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, if the law allows this.
- I know that I must let you know in person, over the phone or in writing about any change in my circumstances which may affect my claim.
- I agree that you will use the information to work out if I can get a Council Tax discount.
- I understand that you are under a duty to protect the public funds you handle, and for this reason you may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with others responsible for auditing or handling public funds.

Signature of person claiming	
Date	
If you do not provide all o any benefit	f the evidence we have asked for on this form we may not be able to pay you
IF YOU HAVE FILLED IN THE	FORM ON BEHALF OF THE PERSON CLAIMING, PLEASE COMPLETE THIS PART.
Why you are filling in the form	on behalf of this person?
What is your name?	
What is your relationship to the person making the claim?	
DECLARATION - PLEASE RE	AD CAREFULLY AND SIGN
I declare that as far as possible	e, I have checked with the person claiming that the answers written on this form are correct.
Signature of the person who filled in the form	
Date	