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For office use	only
Issue Date	
Claim Number	

- Please use this form to tell us about your self-employed earnings.
- You must fill in one of these forms for each separate self-employment.
- Please make sure the figures provided for income and expenses cover the same period.
- Please answer all the questions that apply to you on this form.
- You must also fill in the main claim form for help with your rent and/or Council Tax Reduction.
- A business partner is someone you are in partnership with, for business reasons.
- You must fill in all the boxes where we have asked you to answer 'Yes' or 'No'.

Part A: About your business

Business name	Date your business started//		
Business address	Start date of your financial year//		
(including postcode)	Is this your only work? Yes No		
Type of business	If 'No', please fill in an extra self-employed earnings form for each self-employment, or tell us about your earnings from an employer on the main form.		
On average, how many hours do you work each week?	hours		
Is your business a partnership? Yes No			
If 'Yes', please give details of all business partners and their sh	are of the total profit or loss You %		
Name of other business partner .	%		
Name of other business partner .	%		
Do you use part of your own home for business purposes?	Yes No		
If 'Yes', how many hours a week do you use your home for busi	ness purposes? hours		
Is there a room which you only use for business purposes? (we may need to ask you to give us more details.)	Yes No		
Is your partner on the payroll of the business? (If 'Yes', please show their earnings in part 8 on page 14 of the	Yes No main form)		







Part B: About the business income	
Do you have any prepared accounts (audited or otherwise) for	or the last financial year? Yes No
If 'Yes', please send an original set of accounts with this form	n and go to part D .
If 'No', please tell us in the box opposite why and the date you expect to have them	
	Date://
If you do not have any prepared accounts or if you have not be complete part ${\bf C}$.	een trading for a full year, please remember to
Do you have your latest schedule D tax assessment? Yes	No
If 'Yes', please return it with this form and your audited accounts. If 'No', please tell us why and	
the date you expect to receive it.	Date:/ /
Only fill in this part if you do not have any prepared account not been trading for a full year. Otherwise, go straight to part is the exact period covered? From / / (This should be your last financial or, if you have not been traditional been	To / /
Plus Enterprise Allowance or other government grants	£
Plus closing stock	£
Less cost of sales (purchases)	€
Less VAT you have paid	£
Less opening stock	£
Gross Profit	£ Scottish













Part C: Income and spending (continued)

Expenses

Where expenses do not relate only to the business, please tell us how much is for business use and how much is for personal use. For example, if you make business calls from your home phone, you must work out the amount on your phone bill that was for business use and give us that amount in the business column. You should write the remaining amount in the personal column. (Please note you may be required to provide proof of any income and expenditure detailed on this form. We will contact you for this if necessary.)

	Personal	Ви	ısiness
Drawings (cash or stock)		£	
Your wages		£	
Your partner's wages		£	
Other people's wages		£	
Rent	£	£	
Business rates		£	
Heating and lighting	£	£	
Cleaning	£	£	
Phone	£	£	
Business insurance		£	
Advertising		£	
Printing and stationery	£	£	
Postage	£	£	
Accountant's changes		£	
Bank charges		£	
Interest payments on a business loan (Please enclose a copy of your loan agreement)			
Repairing or replacing business assets (Do not include vehicles)			
Was this covered by insurance?		Yes	No
Leasing charges		£	
Please say what you lease			
Business entertainment		£	
Bad debts (for example a debt that cannot be collected)			
Please give details			
			••••••••••••











	Persona	al Busi	iness
Other expenses	£	£	
Please give details			
Motoring expenses			
Vehicle lease	£	£	
Road tax		£	
Fuel	£		
Repairs	£		
Insurance	£		
Who owns the vehicle?	You	Your business	
If 'Your business', do you also use it for personal use?	You	Your business	
If 'Yes', what percentage of the use is for business?			
We will contact you if we need proof of any of the exp	enses you have listed.		
Is it reasonable to assume that the trading figures for	the next six months will be	e similar? Yes	No
If 'No', please explain the likely differences			
art D: Other outgoings			
Do you hold a National Insurance exemption certificat	te?	Yes	No
If 'No', please tell us how much National Insurance yo	ou pay and how often		
Do you make contributions to a personal pension scho	•	Yes	No
If 'Yes', please tell us how much you pay and how often (Please send us proof.)			
Do you receive Marriage Allowance? (Marriage allowance is tax break benefit that Married partners can apply for providing they meet the specific Contact HM Revenue & Customs for advice or to apply	ed requirements.	Yes	No





Part E: Your declaration

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 assess my entitlement to Housing Benefit or Council Tax Reduction, 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 must notify Customer Services of any significant changes I have. These may include changes to income, expenditure, staffing, a change to the nature of the business or if I stop trading for any amount of time.
- 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.

I will submit my accounts on a yearly basis once finalised.				
Signature of person claiming				
Date:	/			
Please return your form to your local coun	icil contact centre.			

Part F: Contact information

By phone: 0300 100 1800 8am to 5pm Monday to Thursday

8am to 4pm Friday 9am to 12pm Saturday

By e-mail: customeradvice@scotborders.gov.uk

Online: You can use our online benefit calculator or find out more about Housing Benefit,

Local Housing Allowance and Council Tax Reduction at www.scotborders.gov.uk





Part F: Contact information (continued)

Council contact centres located in the following towns:

DUNS 49 Newtown Street, Duns, TD11 3AU

EYEMOUTH Old High School, Coldingham Road, Eyemouth, TD14 5AN

COLDSTREAM Gateway Centre, High Street, Coldstream, TD12 4AE

HAWICK High Street, Hawick, TD9 9EF

JEDBURGH Jedburgh Campus, Jedburgh, TD8 6HH

KELSO Bowmont Street, Kelso, TD5 7JH

GALASHIELS Paton Street, Galashiels, TD1 3AS

PEEBLES High Street, Peebles, EH45 8AF

INNERLEITHEN Buccleuch Street, Innerleithen, EH44 6LA

Opening times can be found on our website at www.scotborders.gov.uk/contactcentres and are also displayed at each office.









Space for Additional Information

