

## **Confidential**

**If you need help filling in this form, or have any questions, please contact us.**

<b>How to contact us:</b>	Phone 01702 215001
<b>Opening Hours:</b>	Monday to Friday 8:45am to 5:15pm
<b>Upload this form with the documentary proof to support the information via the Evidence Upload form on MySouthend within the MyForms section.</b>	

### **Section 1 - About Yourself**

<b>Claim Reference Number</b>	
<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

### **Section 2 - About Your Business**

<b>Name of Business</b>	
<b>Address of Business</b>	
<b>Type of Business</b>	
<b>Date Business Commenced</b>	

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Benefits Department  
Self Employed Information Form**



<b>Average Number of Hours Worked Per Week</b>	
<b>Are You A Child Minder</b>	<u>Yes / No</u>

<b>Is Your Business a Partnership</b>	<b>Yes / No</b>
<b>If 'yes' with Whom?</b>	
<b>What percentage of the profit or loss is yours?</b> <b>(Please provide partnership agreement)</b>	<b>%</b>

<b>Is your partner / spouse on the payroll of the business?</b>	<b>Yes / No</b>
<b>If 'Yes' what are their earnings</b>	<b>£ Per week / month</b>

<b>Do you use part of your own home for Business Purposes?</b> <b>(If so please give details opposite)</b>	
<b>Do you run any other businesses?</b> <b>(If yes please complete a self employed form for each business)</b>	<b>Yes / No</b>

<b>Are You A Director of a Limited Company</b>	<b>Yes / No</b>
<b>What is the company's registration number?</b>	
<b>How much do you pay yourself?</b> <b>(Please provide 5 weekly or 2 monthly pay slips)</b>	<b>£ Per week / month</b>



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<p><b>Do you pay yourself any dividends?</b></p> <p><b>(If yes how much are they, and how often do you receive them)</b></p>	<p><b>Yes / No</b></p>
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**Section 3 – Income and Expenditure**

**Please read the below before you complete the rest of this form:**

**If you have audited accounts, please enclose a copy of your latest profit and loss account with this form.**

**If you have an accountant, please give their name, address and telephone number.**

**If you have a Tax Assessment form in the last 12 months, please send a copy with this form. The form must still be completed as we cannot use your Tax Assessment form on its own.**

**If you have just begun self-employment please estimate your projected income/expenditure for a period of at least 13 weeks.**

**We will request further evidence of your income from self-employment again once you have been trading for the 13 weeks you are providing an estimate for.**

**If you have been self employed for 12 months or more please tell us below what you have earned and spent over the last 12 months or last financial year.**

Period of Income and Expenses	From:	To:
<b>Sales / Takings / Income / Earnings:</b>	£	
<b>(Plus) VAT Refunded:</b>	£	
<b>(Less) Cost of purchasing stock:</b>	£	
<b>(Equals) Gross Profit:</b>	£	



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Did you receive any start up funding to set up your business?	Yes / No
If yes please provide full details of where the start up funding came from and how much it was	

**Expenses**

If there are expense items that are Part Business, Part Personal; enter the business only component.

Please note that you may be asked to provide evidence of the below expense items.

Wages Paid to employees	£		Per week / month
Including National Insurance	£		Per week / month
	£		Per week / month
Please supply proof of all employees, wages and their Name, Address and National Insurance Number			

Rent or Mortgage Repayment on Business Address	£	
Business Rates	£	
Heating / Lighting of business address	£	
Cleaning of business address	£	



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<b>Telephone</b>	£	
<b>Business Insurance</b>	£	
<b>Advertising</b>	£	
<b>Printing and Stationery</b>	£	
<b>Postage</b>	£	
<b>Bank Charges (for business accounts only)</b>	£	
<b>Interest Repayments on Business Loan (Please send us your loan agreement with this form)</b>	£	
<b>Repair / Replacement of Business Asset (unless you have an insurance policy which covers this asset)</b>	£	
<b>Accountancy Fees</b>	£	

<b>Bad Debts (Please give details and Proof)</b>	£	
<b>This is money you are owed and cannot collect as the debtor has died, gone to prison, disappeared or become insolvent</b>		

	<b>Road Tax</b>	£	
	<b>Petrol / Diesel</b>	£	
	<b>Repairs</b>	£	
	<b>Insurance</b>	£	
	<b>Taxi, Radio Hire etc</b>	£	

**Who owns the vehicles? (You or the Business)**



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<b>Other Expenses (Please Give details)</b>	<b>£</b>	
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**Section 4 - Personal Pensions Contributions**

<b>Do you contribute to a Personal Pension Scheme?</b>	<b>Yes / No</b>	
<b>If 'Yes' How much? (Please send us proof of these payments with this form)</b>	<b>£</b>	<b>Per week / month</b>

**Section 5 - Declaration**

<b>The above figures are</b>	<b>Exact / Estimated</b>
<b>It is reasonable to assume that the figures for the next six months will be similar to those given above?</b>	<b>Yes / No</b>
<b>If no explain why</b>	

**To give false information may result in prosecution.**

I declare that the information given above is true and complete. I will inform the Council of any changes in circumstances that might affect the amount of benefit I receive.

**Signed:**.....

**Date:**.....

