

Flintshire County Council

Housing Benefit and Council Tax Reduction Self Employed Earnings Information

Mae'r ddogfen hon ar gael yn Gymraeg. / This document is available in Welsh.

FOR OFFICIAL USE ONLY

Title	Customer Name	Form Filename	Flintshire Self Employed Earnings Form (1.1).wdf
		Form Reference	
DOB	NINO	Notes	V1
TEL			
Email			
Customer Address			
Date Form Started	05/01/2024 8:42:29 AM		
Date of E-signing			
Date Submitted			
Data Validation Ref			
Occupancy type			
Advisor Name (who started form)			
Advisor Department			
Self-Service			

## Flintshire County Council

### Housing Benefit and Council Tax Reduction Self Employed Earnings Information

#### **SECTION 1. ABOUT YOURSELF**

Claimant's Title	<input type="text"/>
Claimant's Surname	<input type="text"/>
Claimant's First Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Housing Benefit Claim Reference	<input type="text"/>

#### **Name of the person who is self employed**

Title	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

#### **SECTION 2. ABOUT YOUR BUSINESS**

Do you have more than one business? YES ☐

Name and address of your business NO ☐

Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Business Telephone Number	<input type="text"/>
Mobile Number (if applicable)	<input type="text"/>

Date Business Commenced

Who owns the business?

Type of Business - please describe the nature of your business.  
What activities do you undertake in a typical week?

Are you a sole trader? YES ☐ Are you a director of a limited company? YES ☐

NO ☐ NO ☐

Are you a self-employed taxi driver? YES ☐

NO ☐

NUMBER OF HOURS NORMALLY WORKED PER WEEK:  hours

Have you registered with Her Majesty's Revenue and Customs (HMRC)? YES ☐

NO ☐

Tax Registration Number

Are you VAT registered? YES ☐ VAT Registration Number

NO ☐

Do you have any partners in your business? YES ☐

NO ☐

Please give details of your business partners and their percentage share of the business

**Flintshire County Council**

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

Do you own your own taxi? YES ☐

NO ☐

Do you share the taxi with other drivers? YES ☐

NO ☐

How many other drivers.

Do you work for a taxi firm that has a pool of drivers and therefore drive any car available? YES ☐

NO ☐

What is the current mileage of your taxi?   
(please state if in miles or kilometres)

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 / gallon do you pay for fuel?  litre / gallon

How many miles per gallon does your vehicle do?

How much per mile do you charge?

If other drivers use your taxi please state how much they pay you

What is your plate number and which Licensing Authority issued it

What percentage of the mileage has been used for the following:

Personal use

Paid Fares

Disengaged Fares\*

Other drivers

\*Disengaged fares means the mileage travelled between fares

Name and address of the company you work for

Name

Address

Postcode

How much per mile do they charge you?

## Flintshire County Council

**SECTION 3. ABOUT THE BUSINESS INCOME**Do you have an accountant? YES ☐NO ☐

Please provide your accounts name and address

Name

Address

Postcode

What month does your accountant draw up your accounts?

What is your accounting period?

From

To

Do you have prepared accounts (Audited or otherwise) for the last financial year?

YES

☐

If 'YES' return a copy of the accounts with this form and go straight to Section 5

NO

☐

If 'NO' give the reason why and the date you expect to have them in the box below:

**IF YOU DO NOT HAVE ANY PREPARED ACCOUNTS OR IF YOU HAVE NOT BEEN TRADING FOR A FULL YEAR  
PLEASE COMPLETE SECTION 4 OF THIS FORM.**

## SECTION 4

Start Date:End Date:No. of DaysPlease confirm what  
percentage is for  
business use?ItemAmount

Sales / Takings / Income		%
VAT Refund		%
Enterprise Allowance		%
Tips		%
Closing Stock		%
Purchase of Stock / Materials		%
VAT Paid Out		%
Opening Stock		%

**GROSS PROFIT**

£ . 00

Drawings		%
Vehicle Insurance		%
Vehicle Tax		%
Vehicle Servicing / Maintenance		%
Vehicle Fuel		%
Additional Travel Costs		%
Replacement / Repair Tools / Equipment		%
Staff Wages		%
Partner's Wages		%
Wages Paid to Self		%
Stock Insurance		%
Public Liability Insurance		%
Property Insurance		%
Accountancy		%
Rent for Business Premises		%
Mortgage Payment for Business Premises		%
Repairs / Maintenance / Cleaning for Business Premises		%
Business Rates		%
Water / Lighting / Heating for Business Premises		%
Business Loan		%

Please state reason:

Interest Payments		%
Capital Repayments (enclose agreement)		%
Bank Charges on Business Accounts		%
Telephone / Landline		%
Mobile		%
Broadband		%
Stationery / Printing and Postage		%
Advertising		%
Use of Home as Office		%
Hire and Leasing Charges		%
Subscriptions to Professional Bodies		%
Proven Bad Debts		%
Expenses Incurred in any Debt Recovery		%
Radio		%
Badge / License		%
Cleaning of Car		%
How much Track do you pay?		%
Other		%

Please Specify:

**TOTAL EXPENSES**

£ . 00

**NET INCOME****ANNUAL INCOME**

**SECTION 4 Continued**

YOU MAY BE REQUESTED TO PROVIDE PROOF OF ANY OF THE EXPENSE ITEMS LISTED - IF SO WE WILL CONTACT YOU

IS IT REASONABLE TO ASSUME THAT THE TRADING FIGURES FOR THE NEXT TWELVE MONTHS WILL BE SIMILAR TO THE FIGURES PROVIDED?

YES ☐NO ☐

If 'NO' explain likely differences:

**SECTION 5 OTHER OUTGOINGS**

NATIONAL INSURANCE: Do you hold an exemption certificate?

YES ☐NO ☐

PERSONAL PENSION CONTRIBUTIONS:

If you contribute to a Personal Pension Scheme please state amount paid

YOU MUST ENCLOSE PROOF OF:

Frequency:

(i) Payments made (ii) Membership of the scheme (Weekly, Monthly, etc)

**SECTION 6 DECLARATION**

By completing this declaration, you are agreeing that you have read, understood and confirmed your agreement to the following terms.

I / We have declared all of my/our Self Employed income and expenditure.

I / We know I / We must let the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR know immediately and in writing of any change in circumstances which may affect the claim.

I / We accept that it is our responsibility to do so and that, if unsure of whether a change in circumstances affects the benefits or not, I / We will contact the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR, to check.

I / We authorise the Council to make any enquiries to verify the information on this form and to cross check the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law. (Flintshire County Council may be asked to provide, and will share, information to other organisations, such as government departments, local authorities and organisations that lend money, if the law allows this).

I / We declare the information I / We have given on this form is correct and complete. If I / We give information that is incorrect or incomplete, or I / We fail to report a change in circumstances which may effect the claim, I / We may be prosecuted under the Social Security Administration Act 1992 (as amended) or the theft act 1968.

**APPLICANT 1 CONFIRMATION**

Check

☐

Sign

Date

**APPLICANT 2 CONFIRMATION**

Check

☐

Sign

Date

**Privacy Notice**

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide, to process your claim for Housing Benefit and Council Tax Reduction. This is required under Housing Benefit and Council Tax Reduction regulations.

All information will be held securely on our system.

Flintshire County Council may pass the information to other agencies or organisations such as the Department for Work and Pensions (D.W.P) and the HM Revenue & Customs (H.M.R.C), as allowed by the law.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime, and
- protect public funds.

Information received from HMRC and/or DWP that indicate a change of circumstances may result in your benefits being adjusted automatically by our system.

Flintshire County Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

The processing of your data is necessary for the performance of a task carried out in the public interest or in the exercise of official authority. It is also necessary for compliance with a legal obligation to which the Council is subject.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website - <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>