







Pensioner Self-employed We need more information about your business and income

Customer's name	
Address	
Our phone number is	
If you get in touch with us, tell us this reference number	
Date issued	
	Please answer all the questions on this form. Then read and sign Your declaration. Send it back to us no later than on
	Do not delay sending in your claim form. If you wait, you could lose money.
Part 1 - About your business	
	coany then please complete the supplementary form 'Pensioners who are working' instead of this form
	efits Team that you are a director of the company you get wages from.
"zero". To calculate net earnings	m if you are self-employed. All sections must be completed, even if you are answering "no", "none", or for the applicant / partner we will look at the gross income then deduct allowable expenses and any tax, ayments. If you are in a business partnership we will only take your share of the profits into account.
Name of Business	
Business address	
Postcode	
Type of Business	
Date business started	
Start date of current financial year	
Average number of hours	
worked per week	

Part 1 About you and your partner

Part 1 - About your business		
Is your business a partnership?	No Yes Please tell us about your business partner below.	
What is their name?		
What is their address?		
Postcode		
What percentage of the total profit or loss is yours?	%	
Does your spouse or the person you live with as if you are	No	
married to them have a share in the business?	Yes What percentage of the total profit or loss is theirs?	
	%	
Is your spouse or the person you live with as if you are	No	
married to them on the payroll of the business?	Yes What are their earnings?	
	£ every	
Are there any other people on the payroll of the business?	No	
, . ,	Yes	
Do you use part of your own home for business purposes?	No	
nome for Business purposess	Yes Please give details	

Part 2 About the business income

Part 2 - About the business inco	ome
accounts for last financial year?	Please tell us why not and the date you expect to have them and then go to Part 3 . Please return an original set of the accounts with this form. Now go to Part 4 . Peason
Date	
We must see the proof of your	accounts before we can decide how much benefit you can get.
Part 3 About the income	and expenditure
Tares About the meome	and expenditure
Part 3 - About the income and 6	expenditure
Tures / Mout the meanic and	
Complete this section only if you or if you have not been trading	a do not have any prepared accounts for the last financial year for a full year.
Tell us the exact period covered. This should be your last financial year or if you have not been trading for a year it should be the date your business started until current date.	from to
Income	
If it is none, or not applicable for any of	the following then please write this in the box. Please give proof of all income.
Sales, takings, or ir	ncome f
VAT refu	unded £
Business start up allowance or other of	grants £
Closing	stock £
Cost of sales (stock) £
VA	T paid £
Opening	stock f
Gross	Profit £

Part 3 Self About the income and expenditure (continued)

About your business

Please give expenses that relate to your business. If an expense is not solely related to your business (for example a phone or vehicle used for personal and business use) then please give the amount for each use separately. *Please give proof of expenses.*

	Perso	onal			Business	
Drawings (Cash and/or stock)					£	
Your wages					£	
Your partner's wages (Not business partner)					£	
Other people's wages					£	
Business Rates					£	
Rent	£				£	
Business insurance					£	
Phone	£				£	
Accountant's fee					£	
Heating and lighting	£				£	
Cleaning					£	
Advertising					£	
Printing and stationery					£	
Postage	£				£	
Bank charges					£	
Interest payments on a business loan					£	
Repairing or replacing business assets (Do n	ot include vehi	cles)		£	
was this covered by insurance? Yes		No O				
Leasing charges					£	
What is leased?						
Business entertainment					£	
Bad debts (For example debts that cannot be co	ollecte	ed)			£	
Details						
Other expenses					£	
Details						
Motoring expenses / Repairs	£				£	
Vehicle lease		1			£	
Road tax	£				£	
Fuel	£				£	
Insurance	£				£	
Who owns the vehicle? You		Business		% of personal /	business use	%
Is it reasonable to expect that your trading figu	res fo	or the next 3 to	6 months wi	ll be similar to t	hose given abov	e?
Yes No		Difference	es			

Part 3 - About the incom	Part 3 - About the income and expenditure - continued				
About other outgoing	S				
Do you pay National Insu	rance Contributions? No	Please provide your exemption certificate.			
Yes Amou	nt £	Every			
		Please provide proof of your payments.			
Do you pay into a perso	nal pension scheme?				
Yes Amou	nt £	Every			
		Please provide proof of your payments.			
Part 4 - Declaration					
Plea	ise read, sign and date this declara	ation.			
	_				
 I declare that the information that I have given on this form is correct and complete. I know that I must immediately report any changes in my circumstances to the Revenues & Benefits Team. 					
Signa	ture				
Full name (in CAPITAL LETTI	ERS)				
]	Date				

Other formats & Translations

This document can be provided in large print, Braille or on audio cassette and can be translated into other community languages. Contact the Corporate Communications Unit at:

East Dunbartonshire Council,

Civic & Corporate Headquarters

12 Strathkelvin Place

Kirkintilloch

Glasgow

G66 1TJ, **Tel: 0300 123 4510**.

本文件可按要求翻譯成中文,如有此需要,請電 0300 123 4510。 Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510 अनुरोध करने पर यह दस्तावेच हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए। ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਛੋਨ ਕਰੋ। ای دینادیکارزواست کرنے پر (ایرد) نیاں شرحہ کیا جا گا ہے۔ کہ او بی بی افران کی مردواست کرنے پر (ایرد) نیاں شرحہ کیا جا گا ہے۔