

SELF EMPLOYED EARNERS INCOME FORM

Information for filling in this form

- This form is to help us to work out your earnings from self-employment.
- Please complete the form in full. You must answer all the questions.
- We do not allow the same expenses as HM Revenues & Customs therefore certain expenses which you may claim when making your income tax return will not be listed here.

Please do not include any of the following as we do not allow as an expense

- Any money spent setting up your business
- Any money spent expanding your business
- The purchase of capital items (e.g. tools, computers, shop fittings, vehicles, furniture etc)
- Depreciation of capital assets (e.g. vehicles, tools, fixtures & fittings etc)
- Business entertainment (drinks, meals, promotional events)
- Any losses carried forward from an earlier accounting period or from another business

Note: Do not complete this form if you are a Director of a Registered Limited Company

Section 1 – Your Details

Title	
Forename	
Surname	
Home Address	

Section 2 – Business Details

Business Name	
Business Address	
Business Phone Number	
What date did you start trading in this business?	
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What type of work do you do?	
How many hours do you work on average each week	
in the business?	
Are you a Sole Trader, Partnership or Franchise Holder?	
If you are in a business partnership, how many partners	
are in the business?	
How are the profits split between the partners (i.e. what	
% do you take)?	
Do you employ anyone?	
If yes, are they related to you or do they live with you?	
If yes, what is the relationship?	

SECTION 3 – BUSINESS INCOME

What period do these accounts cover?	From:	/	/	То:	1
			_	/	
Please note: This period will be referred to on this form as the 'accounting period' – the start date of this period must not be more than 1 year prior to today's date and therefore, the period must not exceed 365 days.					
Please include the total income (takings) of your business in the accounting period. This means all the money that the business made during the accounting period before you made any deductions for your costs (expenses) or took money for your own use.					

SECTION 4 – COST OF SALES

Total Income (including Tips, Gratuities etc)	
Did you buy stock for either use or resale in your business? (If yes, please complete section 4, if no please skip to section 5)	YES / NO
Value of your stock at start of the accounting period (a)	
Purchases of stock during the accounting period (b)	
Value of your stock at the end of the accounting period (c)	
Cost of Sales (a + b $-$ c)	
Gross Profit (Income – Cost of Sales)	

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. The Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.



SECTION 5 – BUSINESS EXPENSES (RUNNING COSTS EXCLUDING VEHICLE) Please only include amounts paid during the accounting period.

Wages paid to spouse	
Wages paid to other employees	
Telephone (business call costs only)	
Postage, Carriage & Delivery	
Advertising	
Bank charges (Business bank account/s only)	
Repairs which you paid for and did not claim on your insurance (e.g. machinery & tool repairs. Do not include vehicle repairs here)	
Please give details	
Trade subscriptions, professional membership fees	
etc.	
Accountancy	
Other running costs (please give full details)	
Sub-Total (Office Use Only)	

SECTION 6 - MOTORING EXPENSES (RUNNING COSTS)

Did you use a vehicle for the business during the accounting period?	YES / NO
(If yes, please complete the rest of section 6, if no,	
please move onto section 7)	
Make, Model & Type of Vehicle	

Registration Number	
Is it Petrol or Diesel?	
Do you use this vehicle for private use?	
How often is this vehicle serviced?	

What amounts did you also pay out for the following during the accounting period?

Fuel for business use only	
Servicing (only include any service costs paid in addition to	
those in the MOT figure above)	

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Vehicle Repairs which you paid for and did not reclaim on	
your insurance	
(Do not include anything reclaimed through insurance.	
Please give details below)	
Other running costs (e.g. tyres) please provide full details)	
Sub-Total (office Use Only)	

In this vehicle during the accounting period: -

What was your total mileage?	
What was your business mileage	
What was your private mileage?	
How much did you pay for your yearly insurance	
premium?	
How much did you pay for your yearly Road Tax?	
How much did you pay for your Yearly MOT?	

SECTION 7 - BUSINESS LOAN REPAYMENTS

Did you make any repayments for a business loan during	
the accounting period?	
(if yes, please complete the rest of this section, if no	
please move onto section 8)	
For what purpose was the loan taken out?	
What is the name & address of the lender?	
How much did you borrow?	
How much were the monthly repayments?	
How much in total did you repay during the assessment	
period?	
How much of this was for the interest only?	
Did you make any repayments for a business loan during	
the accounting period?	
(if yes, please complete the rest of this section, if no	
please move onto section 8)	



SECTION 8 – BUSINESS PREMISES EXPENSES

Do you have separate business premises? (i.e. other than	YES / NO
working from your home address)	
(if yes, please complete the rest of this section, if no	
please move onto the declaration)	
How much is your annual business rent?	
How much are your annual business rates?	

Please only include below amounts which you have paid during the accounting period

Business Rent	
Business Rates	
Heating & Lighting of the business	
Water Rates for business use	
Business Insurance	
Other (please give full details)	
Sub-Total	

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information, you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	

Please return form the address mentioned in the header.



FOR OFFICE USE ONLY

Gross Profit	£
Less expenses sub-total Part 5	-£
Less expenses sub-total part 6	-£
Less expenses sub-total part 7	-£
Net Profit in accounting period	=£

Number of days in accounting period:

(if the number of days in the accounting period is less than one year, to get the annual figure divide the Net Profit by the number of days in the accounting period and x 365)

Annual Net Profit £

Notes & Workings Out