







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.
and advise the Revenues and Bene Please complete this part of the for "zero". To calculate net earnings to	coany then please complete the supplementary form 'Pensioners who are working' instead of this form stits Team that you are a director of the company you get wages from. 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, asyments. If you are in a business partnership we will only take your share of the profits into account.
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 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	No Control of the Con	
you live with as if you are 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	No No	
you live with as if you are married to them on the payroll of the business?	Yes What are their earnings?	
	f every	
Are there any other people on the payroll of the business?	No	
	Yes	
Do you use part of your own	No Control of the Con	
home for business purposes?	Yes Please give details	

Part 2 About the business income

Part 2 - About the business inc	ome				
accounts for last financial year?	No Please tell us why not and the date you expect to have them and then go to Part 3 . Yes Please return an original set of the accounts with this form. Now go to Part 4 . reason				
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				
Part 3 About the income	e alla expellattare				
Part 3 - About the income and	expenditure				
Complete this section only if you do not have any prepared accounts for the last financial year or if you have not been trading 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 i	income f				
VAT ref	funded £				
Business start up allowance or other	grants £				
Closing	g stock £				
Cost of sales	(stock) £				
VA	AT paid £				
Opening					
	s 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.*

	Personal	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		f		
Heating and lighting	£	f		
Cleaning		f		
Advertising		f		
Printing and stationery		£		
Postage	£	£		
Bank charges		£		
Interest payments on a business loan		£		
Repairing or replacing business assets (Do not include vehicles)	£		
was this covered by insurance? Yes	No O			
Leasing charges		£		
What is leased?				
Business entertainment		£		
Bad debts (For example debts that cannot be co	ollected)	£		
Details				
Other expenses		£		
Details				
Motoring expenses / Repairs	£	£		
Vehicle lease	f	£		
Road tax	f	f		
Fuel	f	£		
Insurance	f	£		
Who owns the vehicle? You	Business % of person	nal / business use %		
Is it reasonable to expect that your trading figures for the next 3 to 6 months will be similar to those given above?				
Yes No	Differences			

Part 3 - About the income and expenditure - continued					
About other outgoings					
Do you pay National Insurance	Contributions? No	Please prov	ide your exemption certifica	te.	
Yes Amount :	£	Every			
		Please prov	ide proof of your payments.		
Do you pay into a personal pe	ension scheme?				
Yes Amount :	£	Every			
Please provide proof of your payments.					
Part 4 - Declaration					
Please rea	ad, sign and date this declara	tion.			
			on this form is correct and comp	loto	
 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. 					
Signature					
E II (' CADITAL LETTERS)					
Full name (in CAPITAL LETTERS)					
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 ਫ਼ੋਨ ਕਰੋ। المرتاويخاريفاريون (0300 123 4510 123 4510 يَرايليلير)