

**SUPPLEMENTARY FORM
FOR HOUSING BENEFIT AND COUNCIL TAX REDUCTION
SELF EMPLOYED CLAIMANTS ONLY**



NAME: _____
 ADDRESS: _____
 CLAIM REFERENCE: _____
 TYPE OF BUSINESS: _____
 PHONE NUMBER: _____
 EMAIL ADDRESS: _____

NEW BUSINESS? YES NO

Section 1 **b) If Yes, please complete with estimates of the first 6 months trading.** (We will write to you again when your business has been trading for 6 months and you will then have to complete another of these forms giving actual results for your benefit to continue.)

a) If No, please complete with your actual amounts.

State exact period covered.

From: _____ To: _____

Section 2 **SALES / TAKINGS/ INCOME** (You may be required to provide evidence. We will contact you if necessary)

£ _____

Section 3 **EXPENSES** (You may be required to provide evidence of any expense items listed. We will contact you if necessary)

DRAWINGS \ WAGES PAID TO SELF

£ _____

WAGES PAID OUT: TO SPOUSE/PARTNER

£ _____

TO OTHERS

£ _____

You must only include amounts that relate wholly to the business, e.g. telephone calls – you must apportion the total cost in accordance with the amount of private use and enter the amount for business use only.

RENT

£ _____

BUSINESS RATES

£ _____

HEATING AND LIGHTING

£ _____

TELEPHONE

£ _____

BUSINESS INSURANCE

£ _____

ADVERTISING

£ _____

PRINTING AND STATIONERY

£ _____

POSTAGE	<input type="text" value="£"/>
ACCOUNTANTS CHARGE	<input type="text" value="£"/>
BANK CHARGES	<input type="text" value="£"/>
INTEREST PAYMENTS ON BUSINESS LOAN	<input type="text" value="£"/>
REPAIR OR RENEWAL OF PROPERTY AND EQUIPMENT (Do not include motoring) Was this covered by insurance?	<input type="text" value="£"/> YES NO
OTHER EXPENSES	<input type="text" value="£"/>

Please list other expenses and separate amounts:-

Section 4 MOTORING EXPENSES

ROAD TAX	<input type="text" value="£"/>
PETROL / DIESEL	<input type="text" value="£"/>
REPAIRS	<input type="text" value="£"/>
INSURANCE	<input type="text" value="£"/>
Who owns the vehicle(s)?	SELF BUSINESS
If the vehicle is also for personal use, please advise percentage of business use.	<input type="text" value=" %"/>

Section 5 **OTHER OUTGOINGS**

NATIONAL INSURANCE	
Do you have an exemption certificate?	YES NO
If NO, please provide evidence of your contributions (weekly / monthly / annually)	<input type="text" value="£"/>
PERSONAL PENSION CONTRIBUTIONS	
Contribution to personal pension scheme (weekly / monthly / annually)	<input type="text" value="£"/>

Section 6 DECLARATION

Please read this declaration carefully before you sign and date it, as you will be confirming that:

- You are satisfied that the information is accurate
- You are aware of your responsibilities to provide true information and tell us about changes in circumstances; and
- You are aware of how we will use your information.

You will also be responsible for checking that the information provided on your behalf is correct.

I understand the following.

- If I deliberately give information that is not correct or complete, you may take action against me. This may include court action.
- You may use my information in the way explained in part 16 of the original application form.
- I must tell you about any relevant changes in circumstances which happen after this claim is submitted.

This is not a full list. You must tell us about any change in circumstances that are relevant to your claim. If you are in any doubt, do not take advice from other people. Please contact us to check.

You may be asked to provide verification of any income/expenditure items.

I declare the information I have given on this form is correct and complete.

Name of Person
Claiming

Signature of Person
Claiming

Date

Section 7 ANY OTHER INFORMATION

PLEASE RETURN TO:

P.O. Box 216
Dundee
DD1 3YJ

Alternatively visit us at any of our designated offices:-

Finance Department
Dundee House
50 North Lindsay Street
Dundee
DD1 1QE

West District Housing Office
3 Sinclair Street
Dundee
DD2 3DA

East District Housing Office
169 Pitkerro Road
Dundee
DD4 8ES

Opening hours are Monday, Tuesday, Thursday, Friday 8.30am – 5.00pm. Wednesday 9.30am – 5.00pm
Or email to:- revenues.division@dundeecity.gov.uk

EXPENSE	ALLOWABLE OR NOT
Transport for the business	Yes
Protective Clothing	Yes
Postage and delivery	Yes
Legal and accountancy fees	Yes
Subscriptions to professional / trade bodies	Yes
Rent, rates and other premises costs	Yes
Buying stock and supplies (but not when you first started the business)	Yes
Hire and leasing charges	Yes
Insurance costs	Yes
Vehicles costs	Yes
Advertising and marketing	Yes
Telephone	Yes
Staff costs	Yes
Fuel costs	Yes
Cleaning	Yes
Bank charges	Yes
Stationery	Yes
Repair costs	Yes
Interest payments on a business loan	Yes
Income spent on repairing a business asset (except to the extent that any sum is payable under an insurance policy for this)	Yes
Capital repayments on loans for repairing an existing business asset (except to the extent that any sum is payable under an insurance policy for this)	Yes
Capital repayments on loans for replacing business equipment or machinery, including a car or van.	Yes
Capital repayments on business loans for any other purpose, other than mentioned specifically above.	No
Money (except interest payments) used or intended to be used in setting up or expanding the business	No
Any other capital expenditure.	No
Depreciation of a capital asset.	No
Business entertainment.	No
Any expenses for domestic or private use.	No

**List of examples not exhaustive