

**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="£"/> <b>YES      NO</b>
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?	<b>YES      NO</b>
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:

Dundee City Council  
Benefit Delivery Team  
50 North Lindsay Street  
Dundee  
DD1 1NN

Or email to:- [revenues.division@dundeecity.gov.uk](mailto:revenues.division@dundeecity.gov.uk)

<b>EXPENSE</b>	<b>ALLOWABLE OR NOT</b>
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