**Self-Employed Earnings Form**

*Your self-employed earnings form must be completed in full and signed.*

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| --- | --- |
| **Your Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Your Claim Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_ |
| **Your Type of Business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address of Business:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*NOTE: If you have been self-employed for:*

* *12 months or more please list what you’ve earnt and spent over the last 12 months.*
* *Less than 12 months please tell us what you have earnt and spent so far.*

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| **Period of earnings disclosed (dd/mm/yy):** From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_  |

*NOTE: Gross turnover is the amount your business has earned, or is expected to earn before you take off any expenses. You should include completed work that you’re waiting to be paid for.*

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| **Gross Turnover during this period: £** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Average Hours you worked per week:** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*NOTE: Please complete the table listing your expenditure against each category over this period*

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure** | **Amount****£** | **Expenditure** | **Amount****£** |
| Accountancy charges |  | Motor fuel |  |
| Advertising |  | Motor insurance |  |
| Business insurance |  | Motor repairs/cleaning |  |
| Capital expenditure |  | Motor Tax |  |
| Heat & light (business premises only) |  | Motor car lease/loan interest |  |
| Rent (business premises only) |  | Printing stationery & postage |  |
| Hire purchase costs |  | Business rates |  |
| Interest on loans |  | Staff wages (not to yourself) |  |
| Legal fees |  | Taxi radio hire |  |
| Loan repayments |  | Telephone expenses |  |
| Materials, stock, supplies |  | Other expenses (please detail on next page) |  |

*NOTE: If you’ve spent more than you earnt, or have not yet started your business, please use the box 1.a provided on the next page to explain how you have been supporting yourself.*

|  |  |
| --- | --- |
| Other expenses | Amount  |
|  |  |
|  |  |
|  |  |
|  |  |

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| **1.a How are you supporting yourself?**  |
|  |

**I confirm that the information I have provided on this form is true and correct.**

Date: (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_