

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

### Self-Employed Earnings Certificate

**Complete this form if you or your partner are self-employed. If you are both self-employed (in different businesses) you should both complete a separate form.**

**Please use black ink.**

#### Section 1 : About Yourself

Benefit Ref (If you have one – it is usually shown on any letter sent to you):

Your Title: ..... First Names: .....Surname: .....

Address: .....

.....

.....Postcode: .....

Daytime Telephone No:.....Email Address:.....

#### Section 2: About Your Business

Name of Business:.....

Nature of Business: .....

Address: .....

.....

.....Postcode: .....

Telephone No: .....Email Address:.....

Date business started: ..... / ..... /..... Start date of this financial year: ..... / ..... /.....

Is your business a partnership? (If **yes**, please provide a copy of your partnership agreement)  YES  NO

If **yes**, what % of the total profit/loss is yours?  %

On average how many hours a week do you work?

Is your husband/wife, or person you live with, a partner in the business?  YES  NO

If **yes**, what % of the total profit/loss is theirs?  %

If **no**, are they on the payroll?  YES  NO

If **yes**, what are their weekly earnings?  £

Are there any other people on the payroll of the business?  YES  NO

Do you use part of your home for business purposes?  YES  NO

Do you get a Business Allowance or Government Grant?  YES  NO

Are you receiving Self-Employment Credits?  YES  NO

**Section 3: About the accounts of the business (audited or otherwise)**

Have you any audited accounts for the last financial year?  YES  NO

If **yes**, please return a copy with this form and go to **Section 5**

**Your Business Bank Account**

Do you have separate bank account(s) for business use only?  YES  NO

Bank:  Balance: £

**Section 4: About the income and expenditure of the business**

**Complete this section if you do not have audited accounts for the last financial year or if you have not been trading for a whole year.**

The period covered by the figures: ..... / ..... / ..... to ..... / ..... / .....

This must be your last financial year or, if you have not been trading for a year, the date your business started until the current date.

**Income**

Sales takings and income received (including tips & commission)

	Sales/Takings/Income	£ <input type="text"/>
Add	Tips, Gratuities	£ <input type="text"/>
Add	VAT refunded	£ <input type="text"/>
Add	Enterprise Allowance	£ <input type="text"/>
Add	Interest on investments	£ <input type="text"/>
Add	Closing stock	£ <input type="text"/>
Deduct	Cost of sales	£ <input type="text"/>
Deduct	VAT paid out	£ <input type="text"/>
Deduct	Opening stock	£ <input type="text"/>
	Gross profit	£ <input type="text"/>

**Expenditure**

List amounts that relate **solely to the business** eg telephone calls – deduct the amount for private use and enter the amount for business use only.

**Please note: We may write and ask you to provide proof of any items listed below.**

Drawings (Cash or Stock)	£ <input type="text"/>
Wages paid out to you	£ <input type="text"/>
Wages paid out to wife/husband/partner	£ <input type="text"/>
Wages paid out to others	£ <input type="text"/>
Rent (business premises or portion of your home used for business)	£ <input type="text"/>
Business Rates	£ <input type="text"/>



**Section 5: Other outgoings**National Insurance - Do you hold an exemption certificate?  YES  NOIf **no**, please state how much your contributions are  every week/month/year\*  
(please provide evidence) \*please delete as appropriatePersonal Pension Contributions - Do you contribute to a Personal Pension Scheme?  YES  NOIf **yes**, please state how much you pay  every week/month/year\*  
\*please delete as appropriate**Section 6: Declaration****Please read this declaration carefully before you sign and date it.****Warning:**

If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant change of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Thefts Acts 1968 and 1978 or the Social Security Administration Act of 1992.

**I understand the following:**

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the Council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits I have made or may make. You may give some information to other Government organisations, if the law allows this.
- I know I must let Benefit Services know about any changes in my circumstances that may affect my claim.

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

Signature of person claiming: ..... Date: .....

**Send this form to the appropriate address below:****Dartford Borough Council**

Civic Centre, Home Gardens  
Dartford  
Kent DA1 1DR

**Tel:** (01322) 343705  
**Fax:** (01322) 343968  
**Email:** benefits@dartford.gov.uk  
**DX:** 142726 DARTFORD 7  
**Web:** www.dartford.gov.uk

Main Office – Civic Centre, Dartford  
Monday to Thursday – 8:45am to 5:15pm  
Friday – 8:45am to 4:45pm

**Sevenoaks District Council**

PO Box 102, Argyle Road  
Sevenoaks  
Kent TN13 1GT

**Tel:** (01732) 227000  
**Fax:** (01732) 743052  
**Email:** benefits@sevenoaks.gov.uk  
**DX:** 30006 Sevenoaks  
**Web:** www.sevenoaks.gov.uk

Main Office – Argyle Road, Sevenoaks  
Monday to Wednesday – 8:45am to 5:00pm  
Thursday – 9:30am to 5:00pm  
Friday – 8:45am to 4:45pm  
Minicom users text phone: 01732 227496

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed above.