Revenues Service Self-employed earnings

1. Full name: Home address: Business or mobile telephone number: 2. Name of business: Address of business: What type of business is it? Type of self-employment Please tick all boxes that apply Sole Trader Tradesman Joint/Part Owner professional ervice Main contractor Director s Sub-contractor Other If other - please state.....

If yes, what position does she/he hold?

Is your spouse involved in the Business?

Yes

No

When did you star employed?	rt being sel	f-			
Do you have an up to da	ate accounts sta	atement?	Yes	No	
If Yes, return a copy with	this form, now	go to Question 4.			
If No, give a reason wh evidence of your income					provide
3.					
If you do not have accordive a true reflection of statement of accounts it trading for this length of commenced, or a period	f your current in respect of the f time enter the	financial position, ne last 12 months e figures for the wh	please com trading. If	plete the for	ollowing ot been
4.					
If you have only just sta and expenses for the si employed. For example months from 1/8/2001 -	x month period e, if you started	starting on the fire	st month afte	r you becar	ne self-
	Specify e	xact period cover	ed:		
From		_/ To/		_	
Sales (or takings)			£		
Stock calculation	£				
Opening stock	£				
Plus purchased stock	+ £				
Total	=£				
Deduct closing stock	-£				
Total stock	=£				
Total stock (as above)			→£ .		

Deduct total stock from sales	=£
Add enterprise allowance	+£
Total gross profit	=£

Expenses

Only include amounts relating solely to the business. Private expenses must not be included.

Drawings (cash or stock)	£
Wages (paid to spouse)	£
Wages (paid to others)	£
Rent	£
Rates	£
Heating	£
Lighting	£
Advertising	£
Printing and stationery	£
Postage	£
Telephone	£
Motor expenses	£
Insurance	£
Bank charges	£
Interest payments on business loans	£
Repair/replacement of an existing business asset	£
V.A.T	£
Bad debts	£
Depreciation	£
Business entertainment	£
Other (please specify)	£

5.

Have your expenses been reduced for personal usage?	Yes	No	

f yes, which expenses have been reduced and by what amount?	
f no, which items include amounts attributable to both private and business use and proportion of the expense is for private use only?	what
5.	
Please forward a copy of your last schedule D Tax Assessment	
7.	
Do you pay into a personal pension scheme? Yes No	
f yes, how much do you pay? £	
How often do you pay this? Weekly/monthly/Other (Please state frequency)	
Please send in proof	
3.	
I DECLARE that the information I have given in this form is correct and complete understand that if I give information that is incorrect or incomplete, action may be to against me.	
Signature	
Date	