

Revenues and Benefits Office  
Newcastle under Lyme Borough Council  
Castle House  
Barracks Road  
Newcastle under Lyme  
Staffordshire  
ST5 1BL



\_\_\_\_\_  
Your Full Name:

\_\_\_\_\_  
Your Current Address:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Property Ref: \_\_\_\_\_

Account Ref: \_\_\_\_\_

Benefit Ref: \_\_\_\_\_

**SELF EMPLOYED EARNINGS INFORMATION (FORM SE)**

**SECTION 1: About Yourself**

Full Name and Residential Address:

\_\_\_\_\_

**SECTION 2: About your Business**

Name and Address of Business:

\_\_\_\_\_

Telephone Number of Business:	Type of Business
_____	_____

Date Business Commenced:	_____
Start Date of Current Financial Year:	_____
Average number of hours worked per week:	_____

Is your business a partnership? Yes  No

If yes, what percentage of total profit/loss is yours?  
(Please provide Partnership Agreement)

\_\_\_\_\_

Is your Husband/Wife a partner in the business? Yes  No

If yes, what percentage of total profit/loss is theirs?

\_\_\_\_\_

Is your husband/wife on the payroll of the business? Yes  No

If yes, what are his/her earnings?

Are there any other people on the payroll of the business?

Yes  No

Do you use part of your own home for business purposes?

Yes  No

If yes, please give details:

**SECTION 3 – About the Business Income**

Do you have any prepared accounts (Audited or otherwise) for the last Financial Year?

\*Yes  \*\*No

\*if YES, please return a copy with this form.

\*\*If NO, please give a reason why and the date you expect to have them:

**IF YOU DO NOT HAVE ANY PREPARED ACCOUNTS OR IF YOU HAVE NOT BEEN TRADING FOR A FULL YEAR, PLEASE COMPLETE SECTION 4 OF THIS FORM.**

Do you have your latest Schedule D Tax Assessment?

\*Yes  \*\*No

\*If YES, please return a copy with this form.

\*\*If NO, please give a reason why and the date you expect to receive it:

**SECTION 4 – About Business Income**

**INCOME** (Complete this Section **ONLY** if you do not have any prepared accounts for the last Financial Year, **OR** if you have not been trading for a full year.)

State exact period covered:

From:

To:

(This should be your last financial year **OR** if you have not been trading for a full year it should be the date your business started to current date.)

Sales/Takings/Income

£

PLUS VAT Refunded

+

£

PLUS Closing Stock

+

£

LESS Cost of Sales

-

£

LESS VAT Paid Out

-

£

LESS Opening Stock

-

£

**GROSS PROFIT**

=

£

**EXPENSES** (You must only include amounts that relate **SOLELY** to the Business; e.g., Telephone – if calls are made you must apportion the total cost in accordance with the amount of private use and enter the amount for business use only)

Drawings (Cash or Stock)	£
Wages Paid to Self	£
Wages Paid to Spouse/Partner	£
Wages Paid to Others	£
Rent (Business premises or proportion of your home rent attributed to the business)	£
Heating and Lighting	£
Cleaning	£
Telephone	£
Business Insurance	£
Advertising	£
Printing and Stationery	£
Postage	£
Accountants Charge	£
Bank Charges	£
Business Loan Interest Payments (please enclose Loan Agreement)	£
Business Assets Repair/Replacement (do not include Motoring)	
Was this covered by insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leasing Charges (do not include Car)	£
Please state what is leased	
<input type="text"/>	
Business Entertainment	£
Bad Debts (please specify)	£
Other Expenses (please specify)	
<hr/>	£
<hr/>	£
<hr/>	£
<hr/>	£
<hr/>	£

Motoring Expenses

Car Lease

£

Road Tax

£

Petrol/Diesel

£

Repairs

£

Insurance

£

Who owns the vehicle(s)?

If a Company Vehicle, do you have use of it outside of business?

Yes

No

**YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY OF THE EXPENSE ITEMS LISTED ABOVE - IF SO THE COUNCIL WILL WRITE TO YOU.**

Is it reasonable to assume that the trading figures for the next six months will be similar to those quoted above?

Yes

No

If 'NO' – explain likely difference:

**SECTION 5 – Other Outgoings**

National Insurance

Do you hold an Exemption Certificate:

Yes

No

If 'NO' please provide evidence of your contributions:

£

Personal Pension Contributions

If you contribute to a Personal Pension Scheme, please state: amount paid

£

Frequency (Weekly/Monthly/Annually)

**YOU MUST PROVIDE PROOF OF PAYMENTS MADE AND MEMBERSHIP OF THE SCHEME.**

**DECLARATION**

*I declare that to the best of my knowledge, the information given is true and complete. I understand that to give false or incomplete information may lead to prosecution. I authorise the Council to verify any information given by me with other sources within the Council and other Councils should they desire.*

*I authorise the Council to use information I have provided in connection with this and any other claim for Social Security Benefits that I have made or may make. Some information may be given to other Government organizations, if the law allows this.*

*I undertake to notify in **WRITING** any change in my income **IMMEDIATELY** if such change occurs.*

Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Once you have completed this form, please email [benefits@newcastle-staffs.gov.uk](mailto:benefits@newcastle-staffs.gov.uk)

*General Data Protection Regulations: Your right to privacy is very important to us and we recognize that when we collect, use or store your personal data you trust us to act in a responsible manner. For a full explanation of how Newcastle under Lyme Borough Council uses your data and what your rights are, please read our privacy notice at <https://www.newcastle-staffs.gov.uk/all-services/advice/privacy-notice>*