

For people who are or have been self-employed, a subcontractor or a company director

**Please answer all the questions that apply to you or your partner, if you have one.  
If you do not, any payment could be delayed.**

**jobcentreplus**

Department for  
Work and Pensions

B16 04/14

# Part 1: About you

Please fill in this form with BLACK INK and in CAPITALS

## Do you have a partner who is living with you?

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

No

Yes  You and your partner, if you have one, must fill in **all** parts of the form that apply to you.

## Surname or family name

## All other names, in full

## Date of birth

## National Insurance (NI) number

You can find this on your National Insurance (NI) numbercard, letters from the Department for Work and Pensions or payslips.

## Address

Tell us your address. And tell us your partner's address if it is different to yours.

## Daytime phone number

### You

Letters   Numbers   Letter

Postcode

Code

Number

### Your partner

Letters   Numbers   Letter

Postcode

Code

Number

## Part 2: About the business

	You	Your partner
<b>Are you or your partner self-employed?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
On what date did you or your partner become self-employed?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Are you or your partner a share fisherman?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner own a boat?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is your or your partner's percentage share of the catch?	<input type="text"/> %	<input type="text"/> %
	Please send us details of your income and expenses for the last 13 weeks.	Please send us details of their income and expenses for the last 13 weeks.
<b>Do you or your partner run a farm or croft?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner been in touch with the Agricultural Development and Advisory Service about subsidies?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Please send us any details about this.	Please send us any details about this.
<b>What trade or business are you or your partner involved in?</b>	<input type="text"/>	<input type="text"/>
For example, a shop or restaurant.		
Name and address of the business	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Part 2: About the business** continued

	<b>You</b>	<b>Your partner</b>
<b>Have you or your partner stopped trading?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date trading stopped	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
If you or your partner have stopped trading please say why. For example, are you temporarily without work or sick?	<input type="text"/>	<input type="text"/>
If you or your partner have stopped work because of illness please say when you hope to return to work.	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<b>Are you or your partner the director of a company?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Is anyone running the business in your or your partner's absence?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Has any money been received into the business since you or your partner last worked?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much has been received?	£ <input type="text"/>	£ <input type="text"/>
When was it received?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Please list any business expenses paid out to earn the amount received	<input type="text"/>	<input type="text"/>

**Part 2: About the business** continued

	<b>You</b>	<b>Your partner</b>
<b>Is the business regarded as a going concern by yourself, your bankers, accountant and creditors?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you or your partner have reasonable prospects of more work in the business in the near future?</b>	No <input type="checkbox"/> Please tell us why in <b>Part 5</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Please tell us why in <b>Part 5</b> . Yes <input type="checkbox"/>
When do you hope to start work again?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Do you or your partner hope to resume work in the business when economic conditions improve?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When do you expect this to be?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Are you or your partner available for work and looking for work in any other field of employment during this break in employment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you are not available for other work or looking for other work, please tell us why.	<input type="text"/>	<input type="text"/>
<b>Are you or your partner still regarded as self-employed by these people?</b>	<input type="checkbox"/> VAT <input type="checkbox"/> HM Revenue and Customs (National Insurance contributions)	<input type="checkbox"/> VAT <input type="checkbox"/> HM Revenue and Customs (National Insurance contributions)

## Part 2: About the business continued

**If the business is in decline or has temporarily stopped, do you or your partner consider this to be the normal pattern of work?**

**You**

No  Please say why below.

Yes  Please say why below.

**Your partner**

No  Please say why below.

Yes  Please say why below.

**How long is the break between contracts or jobs normally?**

days / weeks / months

days / weeks / months

**How many hours a week on average were you or your partner working before you claimed benefit?**

hours a week

hours a week

**How many hours a week on average are you or your partner working as self-employed now?**

hours a week

hours a week

**Are you or your partner currently undertaking any activities in connection with self-employment?**

Include any time spent

- visiting potential customers
- purchasing, ordering or selling stock
- canvassing for work
- giving estimates
- travelling in connection with work but not to or from work
- advertising
- supervising or managing
- on research or practising
- cleaning
- maintaining capital assets
- doing the accounts.

No

Yes  Please tell us about this below.

No

Yes  Please tell us about this below.

**How long do you or your partner spend on these activities?**

hours a week

hours a week

# Part 3: About business assets

**Do you or your partner own any business assets?**

For example, property, vehicles, stock, tools, machinery and so on.

**You**

No

Yes  Please list the assets and their value:

£
£
£
£
£
£
£
£
£

**Your partner**

No

Yes  Please list the assets and their value:

£
£
£
£
£
£
£
£
£

**If you or your partner do not intend to start trading again, do you intend to sell the business assets?**

If **No**, tell us why you are not going to sell the assets. Business assets may affect the amount of benefit you can get.

No  Please tell us about this below.

Yes

No  Please tell us about this below.

Yes

**How long do you think you or your partner need to sell the business assets?**

\_\_\_\_\_ days / weeks / months

\_\_\_\_\_ days / weeks / months

**Part 3: About business assets** continued

What action have you or your partner taken to sell the business assets?

**You**

**Your partner**

**Are any debts secured against the business assets?**

No

Yes

No

Yes

How much are the debts?

£

£

What are the debts for?



# Part 4: More about the business

	You	Your partner
<b>Do you or your partner have a business account with a bank?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
How much is in the account?	<input type="text" value="£"/>	<input type="text" value="£"/>
	Please send a statement from the bank or from an accountant.	Please send a statement from the bank or from an accountant.
<b>Are you or your partner owed any money?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
How much money is owed?	<input type="text" value="£"/>	<input type="text" value="£"/>
What is the money owed for?	<input type="text"/>	<input type="text"/>
<b>Is the business in liquidation or receivership?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Name and address of the accountant or insolvency practitioner	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Their phone number	<input type="text" value="Code"/> <input type="text" value="Number"/>	<input type="text" value="Code"/> <input type="text" value="Number"/>
Can we ask the the accountant or insolvency practitioner to share information about the business with us, if we need to contact them?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

**Part 4: More about the business** continued

	<b>You</b>	<b>Your partner</b>
<b>Is there a profit and loss account for a 12-month period ending within the last year?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text" value="Please send it to us."/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text" value="Please send it to us."/>
<b>Is there a trading account for a 12-month period ending within the last year?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text" value="Please send it to us."/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text" value="Please send it to us."/>
<b>Are there any balance sheets for the last year?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text" value="Please send them to us."/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text" value="Please send them to us."/>
<b>Do you or your partner have an accountant?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name and address of the accountant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Their phone number	<input type="text" value="Code"/> <input type="text" value="Number"/>	<input type="text" value="Code"/> <input type="text" value="Number"/>
Can we ask the accountant to share information about the accounts, if we need to contact them?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**If you do not have prepared accounts we may need to contact you again.**

# Part 5: Other information

**Please use this space to tell us anything else you think we might need to know.**

Continue on a separate sheet of paper, if necessary. But make sure you sign and date it and write your full name, address and National Insurance (NI) number on it.



## Part 6: Your declaration

### Joint claims for Jobseeker's Allowance

If you have made a joint claim for Jobseeker's Allowance either or both of you can sign the declaration. Both of you are responsible for the information on this form.

The information provided by me is true and complete.

**You**

**Signature**

**Date**

**Your partner**

**Signature**

**Date**

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## What to do now

- Please make sure you send us everything we have asked for with this form. If you cannot send something we have asked for, tell us why in **Other information** on **page 11**. But do not delay sending us this form.
- Send this form back to us as soon as you can. We may have to interview you if we need more information.
- Make sure you and your partner, if you have one, have signed and dated this form.