

Self-employment supplementary page

Revenue Jersey

Personal information

Tax Year Y Y Y Your full n	ame				
Your Social Security No. A A N N	N N N N A TIN	N N N - N			
Self-employment					
Business details					
Tick if: Your income	Spouse/Civil partner's inco	me Or join	t income		
Trading name					
Description of business					
1st line and postcode of business address (unless you work from home)					
If your business started after 31st December 2018, enter the start date	pefore 31st the final date of	Date your books or acco	ounts		
Business income		Other expenses			
Your turnover—the takings, fees, sales, receipts or any other income earned		9. Business travel 6	expenses		
by the business		10. Wages, salaries subcontractor re	and other staff or emuneration		
Allowable business expenses (wholly and exclusively for the purposes of the tra	ade)	11. Employees socia	l security contributions		
Cost of materials and goods sold calculation		12. Accountancy, leg professional fee	gal and other s		
2. Opening stock		13. Lease payments			
3. Purchases in year		14. Business and other charges	ner financial bank		
4. Closing stock		15. Telephone, static	onery, postage, cleaning		
5. Cost of goods sold (box 2 + 3 minus box 4)		Rent, rates, light	, heat, power and		
Business motor expenses (after any private usage proportion)		business insurar			
6. Fuel		17. Repairs and mai and equipment	ntenance of property		
7. Maintenance			purchase of plant and se in the business		
8. Vehicle insurance		19. Other allowable	business expenses		

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Allowable day 8 wife and a second sec									
Allowable class 2 self-employed own social security contributions									
20.	Amount up to SEL (52% of the amount paid) up to £3,464 in 2019								
21.	Additional self-employed contributions (if any) up to £2,458 in 2019								
22.	Total allowable self-employed contributions (box 20 + box 21)								
23.	Total allowable expenses (total of boxes 5 to 19 + box 22)								
Net profit or loss									
24.	Box 1 minus box 23 (include a minus sign (-) if you need to show a loss)								
Ca	Iculating your taxable profi	ts							
25.	Market value of goods and/or services for your own use								
26.	Adjusted net profit or loss (Increase the amount of your profits or reduce the amount of your loss in box 24 by the amount in box 25.)								

If there was a loss in box 26, enter '0' in box 30.

27.	Capital allowances claim Total amount of tax deductible capital allowances. (The amount you claim here can't exceed the profits in box 26.)							
28.	Adjusted profits after capital allowances (Deduct the amount in box 27 from the amount in box 26.)							
29.	Loss brought forward from earlier years and set off against this year's profits – up to the amount in box 28							
Taxable profits								
30.	Deduct the amount in box 29 from the amount in box 28. If you have a loss enter '0'.							