

Session 2019-2020 Part-time Fee Grant (PTFG) application Certification of self-employed income (PT1A)

Part A - to be filled in by you

First name

Last name

Training provider

Part-time fee grant reference number

Date of birth

Please give us your income for the 12 month accounting period ending on a date between 6 April 2018 and 5 April 2019

Name of business

Your position in the business

Date business started trading

Taxable profit for 12 month period ended £ .

Part B - declaration

I confirm that the figures given above accurately reflect my financial position for the year given and I have sent, or will send, them to Her Majesty's Revenue and Customs. I will tell you if this assessment changes. I understand that you may ask for more information to confirm the figures I have given.

_____ date
Signature

If these accounts were prepared and certified by an accountant or financial advisor, please give us their name and trading address below and ask them to stamp this form.

Name

Address

Address

City Post Code

Stamp