



SOLE TRADER / BUSINESS OWNER (SELF EMPLOYED SOCIAL INSURANCE) CONTRIBUTION  
SCHEDULE FOR THE YEAR  
1ST JULY 2025 TO 30TH JUNE 2026

**YOU ARE REQUIRED TO COMPLETE THIS SCHEDULE, SIGN THE DECLARATION BELOW AND RETURN IT TO THE INCOME TAX OFFICE NOT LATER THAN THE 30<sup>TH</sup> NOVEMBER 2026**

Name:

Tax Ref No:

Week No.	Contribution week	Contribution	Gross Income	Week No.	Contribution week	Contribution	Gross Income
1	Jul 1 - 7			28	Jan 6 - 12		
2	" 8 - 14			29	" 13 - 19		
3	" 15 - 21			30	" 20 - 26		
4	" 22 - 28			31	" 27 - 2-Feb		
5	" 29 - 4-Aug			32	Feb 3 - 9		
6	Aug 5 - 11			33	" 10 - 16		
7	" 12 - 18			34	" 17 - 23		
8	" 19 - 25			35	" 24 - 2-Mar		
9	" 26 - 1-Sep			36	Mar 3 - 9		
10	Sep 2 - 8			37	" 10 - 16		
11	" 9 - 15			38	" 17 - 23		
12	" 16 - 22			39	" 24 - 30		
13	" 23 - 29			40	" 31 - 6-Apr		
14	" 30 - 6-Oct			41	Apr 7 - 13		
15	Oct 7 - 13			42	" 14 - 20		
16	" 14 - 20			43	" 21 - 27		
17	" 21 - 27			44	" 28 - 4-May		
18	" 28 - 3-Nov			45	May 5 - 11		
19	Nov 4 - 10			46	" 12 - 18		
20	" 11 - 17			47	" 19 - 25		
21	" 18 - 24			48	" 26 - 1-Jun		
22	" 25 - 1-Dec			49	June 2 - 8		
23	Dec 2 - 8			50	" 9 - 15		
24	" 9 - 15			51	" 16 - 22		
25	" 16 - 22			52	" 23 - 30		
26	" 23 - 29			<b>Total amount due</b>			
27	" 30 - 5-Jan			<b>Total amount paid</b>			
<b>TOTAL ANNUAL GROSS INCOME - £</b>				<b>Total amount paid</b>			
<b>TOTAL NUMBER OF CONTRIBUTION WEEKS</b> <input type="text"/>				<b>Balance outstanding</b>			

**DECLARATION**

I Mr/Mrs/Ms. \_\_\_\_\_ with D.O.B. \_\_\_\_\_ hereby declare, to the best of my knowledge and belief that the information provided is true and accurate.

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

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