



SOLE TRADER / BUSINESS OWNER (SELF EMPLOYED SOCIAL INSURANCE) CONTRIBUTION
SCHEDULE FOR THE YEAR
1ST JULY 2026 TO 30TH JUNE 2027

YOU ARE REQUIRED TO COMPLETE THIS SCHEDULE, SIGN THE DECLARATION BELOW AND RETURN IT TO THE INCOME TAX OFFICE NOT LATER THAN THE 30TH NOVEMBER 2027

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			Total amount due			
27	" 30 - 5-Jan			Total amount paid			
TOTAL ANNUAL GROSS INCOME - £				Balance outstanding			
TOTAL NUMBER OF CONTRIBUTION WEEKS <input style="width: 50px; height: 20px;" type="text"/>							

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: _____