

**Working Family Allowance Scheme**  
**Statement on Work and Profit and Loss Accounting Statement**  
**for Self-Employed Person Running Business or Providing Services (WFA005B)**

Name of Applicant/Household Member: \_\_\_\_\_

Nature of Business/Type of Services: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Registration Certificate No.(if applicable): \_\_\_\_\_

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

☐ Sole Proprietor    ☐ Partnership (percentage of profit shared is \_\_\_\_\_ %)

**Statement on Work**

Claim Month	____/20____	____/20____	____/20____	____/20____	____/20____	____/20____
<b>1. Usual Daily Working Hours</b>	hours	hours	hours	hours	hours	hours
<b>2. Number of Working Days in the Month</b>	day(s)	day(s)	day(s)	day(s)	day(s)	day(s)

**Profit and Loss Account** <sup>Note 1</sup>

<b>(a) Total Income</b> <sup>Note 2</sup> (HK\$)						
<u>Expenditure Item</u> <sup>Note 2</sup>	<i>All the expenditure must be the expenses for running the business/providing the services and is not allowed to cover any personal expenses or salary received by the Applicant or the household member.</i>					
1. Cost of Purchasing Merchandise						
2. Rentals, Rates, Government Rent						
3. Public Utilities Expenses (e.g. electricity, water, etc.)						
4. Insurance Premium						
5. Costs of Delivery, Repair of Machinery, etc.						
6. Others (please specify):						
<b>(b) Total Expenditure (HK\$)</b>						
<b>Net Profit (HK\$)</b> <sup>Note 3</sup>						
<b>(a) – (b)</b>						

Note 1 Please report the asset owned in relation to running the business or providing services in Part 5 of the WFA Application Form (WFA001B) separately.

Note 2 Please submit the documentary proof relating to the income and expenditure items (e.g. purchase orders, sales invoices, rental receipts, etc.) for verification by the Working Family Allowance Office.

Note 3 If the total income is less than the total expenditure, deficit will not be counted, i.e. business loss cannot be deducted from the total income of the Applicant or the concerned household member.

Declaration	I and the household member reported in this form (if applicable) hereby declare that the above information is true, complete and accurate. I/We understand that wilfully making a false statement, misrepresentation or concealment of any information in order to obtain WFA by deception is a criminal offence, the commission of which, in addition to being disqualified for WFA, can lead to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).
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Signature of Applicant: \_\_\_\_\_

Signature of concerned

Household Member (if applicable): \_\_\_\_\_

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