

**Statement on Work and Profit and Loss Accounting Statement
for Self-Employed Person who is a Driver of Taxi/Lorry/Minibus/
Other Commercial Vehicle (WFA006B)**

Name of Applicant/Household Member: _____

Taxi Driver[^] Lorry Driver Minibus Driver

Other Commercial Vehicle Driver (please specify): _____

[^] Please provide a copy of the Taxi Driver Identity Plate valid for the Claim Period

Vehicle Lessee Vehicle Owner (Vehicle Registration No.: _____)

Statement on Work

Claim Month	___/20__	___/20__	___/20__	___/20__	___/20__	___/20__
1. Usual Daily Working Hours	hours	hours	hours	hours	hours	hours
2. Number of Working Days in the Month	day(s)	day(s)	day(s)	day(s)	day(s)	day(s)

Profit and Loss Account ^{Note 1}

<u>Income Item</u> ^{Note 2}						
1. Profits From Operating Business						
2. Rentals (Applicable to Vehicle Owner)						
3. Others (please specify):						
(a) Total Income (HK\$)						
<u>Expenditure Item</u> ^{Note 2}	<i>Expenditure items exclude vehicle mortgage payments. Expenditure items 1 and 2 are applicable to vehicle lessees while items 2 to 4 are applicable to vehicle owners. All the expenditure must be the expenses for running the business and is not allowed to cover any personal expenses or salary received by the Applicant or the household member.</i>					
1. Vehicle Rental Fees						
2. Fuel Charges						
3. Insurance Premium, Licence Fees						
4. Repair Costs						
5. Others (please specify):						
(b) Total Expenditure (HK\$)						
Net Profit (HK\$) ^{Note 3}						
(a) - (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 (e.g. vehicle rental contracts, fuel charge 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: _____

Please put a "✓" in the appropriate box(es).