

Joe Lombardo  
Governor

Laura Rich  
Director



# DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES  
*Helping people. It's who we are and what we do.*



Robert H. Thompson  
Administrator

TANF       MEDICAID       SNAP

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_



## SELF-EMPLOYMENT WORKSHEET

If a member of the household receives income from self-employment, other than farming, complete the following information

for the report period of \_\_\_\_\_ through \_\_\_\_\_.

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Period of Operations: \_\_\_\_\_ through \_\_\_\_\_

1	Gross receipts or sales <i>(include 100% of capital gains)</i>		\$	_____
2	Inventory at beginning of period	\$		_____
3	Merchandise Purchased	\$		_____
4	Cost of Labor <i>(exclude your wages)</i>	\$		_____
5	Raw Materials and Supplies	\$		_____
6	Add lines 2 through 5		\$	_____
7	Inventory at end of period		\$	_____
8	Subtract item 7 from item 6. This is your COSTS OF GOODS SOLD		\$	_____
9	Taxes and Assessments on Business Property		\$	_____
10	Rent Paid on Business Property or Equipment		\$	_____
11	Legal and Professional Fees	\$		_____
12	Operating Supplies	\$		_____
13	Repairs <i>(not including capital improvements)</i>	\$		_____
14	Interest on purchase of business equipment	\$		_____
15	Advertising	\$		_____
16	Interest <i>(on income-producing property)</i>	\$		_____
17	Utilities	\$		_____
18	Postage and Publications	\$		_____
19	Telephone	\$		_____
20	Insurance	\$		_____
21	Transportation	\$		_____



22	Commission Paid	\$ _____
23	Other( <i>describe</i> ) _____	\$ _____
24	Combine items 11-23. These are your OTHER BUSINESS EXPENSES	\$ _____
25	Add lines 8, 9, 10 and 24 for your TOTAL COSTS OF BUSINESS	\$ _____
26	Subtract item 25 from item 1. This is your NET INCOME	\$ _____

**PROVIDE VERIFICATION OF ALL INCOME REPORTED ON LINE 1 AND COPIES OF ALL EXPENSE RECEIPTS. IF YOU HAVE CLIENTELE, PROVIDE ON SEPARATE SHEET NAMES, ADDRESSES AND PHONE NUMBERS.**

**I declare the information given on this form is true and complete to the best of my knowledge. I am also aware the following are NOT considered business expenses: depreciation; personal expenses such as federal, state and local income tax payments; lunches; entertainment expenses; personal transportation (i.e., to and from work); purchase of capital equipment; and payments on the principal of loans for capital assets or durable goods.**

Client Signature	Print Name	Date	Telephone Number
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Signature (Person Completing Form)	Print Name	Title	Date	Telephone Number
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