

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: _____



INCOME FROM FARM OPERATIONS & OTHER SELF-EMPLOYMENT OPERATION WORKSHEET

FARM OPERATION - If a member of the household is a farm operator (owner, tenant or sharecropper), complete the following information for the report period of _____ through _____.

1. INCOME:

- a. Sales of purchased livestock and other items purchased for resale \$ _____
- b. Sales of raised livestock \$ _____
- c. Sales of produce \$ _____
- d. Agriculture Program payments \$ _____
- e. Income from leases or rental property \$ _____
- f. Total proceeds from sale of capital assets \$ _____
- g. Other (*specify*) \$ _____

TOTAL GROSS INCOME FROM OPERATION (total a-g) \$ _____

2. EXPENSES

- a. Hired labor costs \$ _____
- b. Repairs and maintenance \$ _____
- c. Interest on farm mortgage (less amount paid on home) \$ _____
- d. Rent on farm, pasture and equipment \$ _____
- e. Feed purchases \$ _____
- f. Seed, fertilizer, plants and chemicals \$ _____
- g. Supplies purchases \$ _____
- h. Breeding and veterinary fees and medicine \$ _____
- i. Cost of purchasing livestock for resale \$ _____
- j. Utilities (*less amount attributable to home*) \$ _____



k.	Interest on loans for farm machinery or equipment	\$	_____
l.	Insurance <i>(less amount attributable to home)</i>	\$	_____
m.	Taxes on land, equipment or stock	\$	_____
n.	Fuel	\$	_____
o.	Other	\$	_____
TOTAL EXPENSES OF FARM OPERATION (total a-o)			\$ _____
3.	NET INCOME FROM FARM OPERATIONS (subtract 2 from 1)		\$ _____

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

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

