

SELF-EMPLOYMENT INCOME REPORT

Personally identifiable information will only be used for the direct administration of assistance programs.*

Month of Report (month/year)	Today's Date	Worker Name	Agency	
Name (Last, First, MI)			Case Number (if known)	
Home Address		City	State	Zip Code
Business Name		Business Address (if not your home address) (Street, City, State, Zip Code)		

INCOME AND EXPENSES – Enter the amount for the previous month. Keep records, such as receipts, etc. that list the amounts you enter. For partnerships and corporations, report income and expenses for the operation as a whole; your share will be calculated later.

What percent of the business is owned by the applicant(s) listed above? _____%	Number of hours worked this month: _____ (Used to determine if rental income is earned or unearned and for voluntary FSET enrollment.)
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Income	
1. Gross receipts or sales, net capital gains and other incomes	\$ _____
Expenses	
2. Materials and supplies (including office supplies)	\$ _____
3. Wages (not including wages to yourself)	\$ _____
4. Commissions paid to your employees	\$ _____
5. Vehicle expenses (gas and maintenance)	\$ _____
6. Travel expenses for business away from home (meals, lodging, transportation other than claimed in the car and truck category in line 5.)	\$ _____
7. Rent on business property	\$ _____
8. Repairs on business equipment and property (Do not include vehicle costs as this will be entered on line 5.)	\$ _____
9. Business telephone and utility expenses	\$ _____
10. Freight or shipping expenses	\$ _____
11. Legal and professional services	\$ _____
12. Business insurance	\$ _____
13. Bank service charges to business.	\$ _____
14. Interest charged to business debt (Do not include interest paid on rental property as this will be entered on line 19.)	\$ _____
15. Advertising expenses	\$ _____
16. Dues and publications	\$ _____
17. Depreciation	\$ _____
18. Purchase of income producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets).	\$ _____
19. Interest payments on loans for the purchase price of income producing real estate, capital assets and equipment, and durable goods.	\$ _____
20. Other expenses (not including transportation to and from work.)	
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
21. TOTAL EXPENSES (Add lines 2 through 20 and enter the amount.)	\$ _____
22. NET BUSINESS INCOME (or loss) (Subtract line 21 from line 1 and enter the amount.)	\$ _____

I hereby certify that the information given is accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the figures given.

Participant Signature	Date Signed
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For Office Use Only:

This page is to be completed by the Income Maintenance worker to compare against the applicable AG Budget outcome(s) for this business after self-employment entry into CWW.

FoodShare (FS) Countable Income:	
1. Net Business Income (Line 22 of page 1)	\$ _____
2. Depreciation (Line 17 of page 1) <i>If negative, enter zero.</i>	+ \$ _____
3. Countable Income (Line 1 plus line 2 above)	= \$ _____
4. <i>If ownership of corporation or partnership is less than 100%, multiply line 3 above by % of business owned by AG.</i>	<i>Complete this step only if applicable:</i> Total from Line 3 above \$ _____ X % ownership X _____ % = FS Countable Income \$ _____

Medicaid for the Elderly, Blind or Disabled (MA) Countable Income:	
1. Net Business Income (Line 22 of page 1)	\$ _____
2. Disallowed expense of purchase of income producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets). (Line 18 of page 1)	+ \$ _____
3. Countable Income (Add lines 1 and 2 above).	= \$ _____
4. <i>If ownership of corporation or partnership is less than 100%, multiply line 3 above by % of business owned by AG.</i>	<i>Complete this step only if applicable:</i> Total from Line 3 above \$ _____ X % ownership X _____ % = MA Countable Income \$ _____

BadgerCare Plus (BC+) Countable Income:	
1. Net Business Income (Line 22 of page 1)	\$ _____
2. Disallowed expense of purchase of income producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets). (Line 18 of page 1)	+ \$ _____
3. Depreciation (Line 17 of page 1) <i>If negative, enter zero.</i>	+ \$ _____
4. Countable Income (Add lines 1, 2, and 3 above).	= \$ _____
5. <i>If ownership of corporation or partnership is less than 100%, multiply line 4 above by % of business owned by AG.</i>	<i>Complete this step only if applicable:</i> Total from Line 4 above \$ _____ X % ownership X _____ % =BC+ Countable Income \$ _____

Note: If applicable, 2nd income test using IM income without depreciation added back into the income will appear as follows:

Total of Line 4 above (or 5 if applicable) \$ _____
 Less Depreciation Expense* (Line 3 above) - \$ _____
 BC+ 2nd Income Test Outcome = \$ _____

**Multiply by percent ownership if less than 100% of business is owned by AG.*

Note: When using multiple months of SEIRFs to calculate average, enter the average of all SEIRFs completed by the member for this business when completing lines on this page of worksheet. This page only needs to be completed once to calculate the average of all SEIRFs completed by a member for a business.