

**QHIA TXOG UA HAUJ LWM RAU TUS KHEEJ COV NYIAJ TAU LOS
 SELF-EMPLOYMENT INCOME REPORT**

Cov lus qhia txog tus kheej tsuas muab siv ua ntaub ntawv rau cov kev pab cuam xwb.*

Lub Hlis Rau Daim Ntawv No (hli/xyoo)	Hnub Ua Daim Ntawv No	Tus Worker Lub Npe	Qhov Chaw Khia Hauj Lwm (Agency) Lub Npe	
Koj Lub Npe (Lub Xeem, Lub Npe , Tus Ntawv Npe Nruab Nrab)			Tus Case Number (yog paub)	
Chaw Nyob		Lub Zos	Lub Xeev	Tus Zip Code
Lub Npe Lag Luam		Lub Lag Luam Qhov Chaw Nyob (yog nws tsis yog koj qhov chaw nyob) (Txoj Kev, Lub Zos, Xeev, Zip Code)		

COV NYIAJ TAU LOS THIAB COV SIV TAWM – Muab cov nyiaj tau los thiab siv tawm lub hlis tas los no tso rau hauv daim ntawv no. Ceev cov ntaub ntawv cia, xws li cov receipts rau cov nqi uas koj teev nram qab no. Rau cov lag luam koom ua ke (partnerships thiab corporations), teev cov nyiaj tau los thiab cov siv tawm mus them tej nuj nqi khiav cov hauj lwm tas nrho; ntawm koj li feem xyuam ntawd mam muab los xam tom qab.

Pes tsawg feem puas ntawm lub lag luam no yog tus ua daim ntawv muaj npe saum toj no li? _____%	Cov xuab moos ua hauj lwm lub hlis no: _____ (Yog coj los xam seb cov nyiaj xauj tsev yog nyiaj tau los los tsis yog, thiab seb puas yog zwm npe rau hauv FSET raws siab yeem.)
---	---

Cov Nyiaj Tau Los	
1. Tas nrho cov nyiaj muag khoom tau los, cov peev thiab lwm yam nyiaj tau los	\$ _____
Cov Nyiaj Siv Tawm	
2. Them rau cov khoom yuav los siv (nrog rau cov yuav los siv hauv office)	\$ _____
3. Them rau cov neeg ua hauj lwm (tsis xam cov them rau koj)	\$ _____
4. Nyiaj commissions them rau koj cov neeg ua hauj lwm	\$ _____
5. Nyiaj siv rau tsheb (sam roj thiab kho tsheb)	\$ _____
6. Nyiaj siv mus kev deb khiav hauj lwm rau txoj lag luam (noj haus, chaw pw, kev mus los uas tsis tau tso rau ntawm cov siv rau cov tsheb me thiab tsheb loj nyob kab 5 saum toj no.)	\$ _____
7. Them nqi xaub tsev ua lag luam (Rent on business property)	\$ _____
8. Them nqi kho tej cuab yeej siv thiab khoom ntiag tug ntawm lub lag luam (Tsis txhob tso cov nqi kho tsheb vim muab tso rau kab 5 lawm.)	\$ _____
9. Them nqi xov tooj thiab dej taws siv rau lub lag luam	\$ _____
10. Them nqi xa khoom (Freight or shipping expenses)	\$ _____
11. Them rau fab kws lij choj thiab lwm yam hauj lwm ua pab rau lub lag luam	\$ _____
12. Them nqi yuav ntawv pov hwm rau lub lag luam (Business insurance)	\$ _____
13. Tuam txhab cia nyiaj nqi tes khiav pab rau lub lag luam (Bank service charges to business)	\$ _____
14. Cov paj tsub rau lub lag luam cov nuj nqi (Txhob tso cov paj them nqi xaub tsev vim yuav tso rau kab 19.)	\$ _____
15. Them rau kev tshaj tawm kom neeg paub txog lub lag luam (Advertising expenses)	\$ _____
16. Cov nqi them tsis pub dhau caij nyoog (xws li se thiab lwm yam) thiab luam ntawv tshaj tawm (Dues and publications)	\$ _____
17. Nyiaj xam rau cov khoom poob nqi (Depreciation)	\$ _____

SELF-EMPLOYMENT INCOME REPORT

F-00107H (08/09)

18. Cov nyiaj them rau pob nyiaj qiv los yuav av los yog yuav tsev ua lag luam, peev ntawm lub lag luam thiab cov cuab yeej siv, thiab cov khoom siv tau mus ntev.	\$ _____
19. Cov paj them rau pob nyiaj qiv los yuav av los yog tsev ua lag luam, cov peev thiab cov cuab yeej siv, thiab cov khoom siv tau mus ntev.	\$ _____
20. Lwm yam nuj nqi (tsis xam qhov tawm ntawm tsev mus thiab los tom hauj lwm los)	\$ _____
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
21. TAS NRHO COV NYIAJ SIV TAWM (Muab kab 2 txog kab 20 los sib ntxiv ces sau rau ntawm no.)	\$ _____
22. COV NYIAJ TAU TIAG TOM QAB THEM NUJ NQIS TAS (los yog poob peev) (Rho kab 21 tawm ntawm kab 1 ces sau rau ntawm no.)	\$ _____
Kuv lees hais tias cov lus muab rau hauv no muaj tseeb raws li kuv paub. Kuv to taub tias tej zaum kuv yuav tau muab pov thawj thiab ntaub ntawv los mus pab txheem cov nqi teev los saum no thiab.	
Kos Npe - Tus Neeg Ua Daim Ntawv No	Hnub kos npe

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 20 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: <u>X</u> _____ % = 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 principal payments on loans for the purchase price of income producing real estate, capital assets and equipment, and durable goods (Line 19 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: <u>X</u> _____ % = MA Countable Income: \$ _____

BadgerCare Plus (BC+) Countable Income:	
1. Net Business Income (Line 22 of page 1)	\$ _____
2. Disallowed expense of principal payments on loans for the purchase price of income producing real estate, capital assets and equipment, and durable goods (Line 19 of page 1)	+ \$ _____
3. Depreciation (Line 20 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: \$ _____
<i>Note: If applicable, 2nd income test using IM income without depreciation added back into the income will appear as follows:</i>	
Total of Line 4 above (or 5 if applicable):	\$ _____
Less Depreciation Expense* (Line 3 above): -	\$ _____
BC+ 2 nd Income Test Outcome:	= \$ _____
<i>*Multiply by percent ownership if less than 100% of business is owned by AG.</i>	

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.