WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-00107 (06/2019)



SELF-EMPLOYMENT INCOME REPORT

The information you provide on this form will only be used to see if you meet the income rules for programs such as BadgerCare Plus, FoodShare, or Medicaid for the Elderly, Blind, or Disabled. This form is not the only way you can provide information about your self-employment income. You can provide the information in another way, such as through tax returns or bookkeeping records. If you do not provide your self-employment income, you may not be able to get or keep getting benefits.

See the Self-Employment Income Report Completion Instructions, F-00107A, at https://www.dhs.wisconsin.gov/library/f-00107.htm for information on filling out this form.

SECTION 1	Personal Information							
Name – Individua	Case Number							
SECTION 2	Busines	ss Information						
Name – Business Type – Business								
Street Address								
City				State	Zip Code			
Business Start Date Month/Year of Significant Change (if appli			licable)	Percent of Business Owned by Individual				
SECTION 3 Signature and Date								
By signing this fo knowledge.	rm, you are	saying that the information you provided i	s correct	and complete to	the best of your			
SIGNAT	URE				Date Signed			

SECTION 4

Business Income and Expenses (include income and expenses for the whole business)

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Мо	onth of operation:			
Ye	ar of operation:			
	mber of hours individual worked for business during onth of operation:			
A.	Gross Business Income	Amount	Amount	Amount
1.	Gross receipts and/or sales			
2.	Other income, specify:			
В.	Gross Business Expenses	Amount	Amount	Amount
1.	Wages and commissions paid to employees			
2.	Employee benefit programs, pensions, and profit sharing			
3.	Travel			
4.	Vehicle			
5.	Rent or lease			
6.	Repairs and maintenance			
7.	Telephone and utilities			
8.	Materials and supplies			
9.	Freight			
10.	Legal and professional fees			
11.	Advertising, dues, and publications			
12.	Taxes (does not include income taxes)			
13.	Insurance			
14.	Purchase price of income-producing real estate, capital assets, capital equipment, and durable goods			
15.	Principal payment on loans for the purchase of income- producing real estate, capital assets, capital equipment, and durable goods			
16.	Depreciation			
17.	Depletion			
18.	Amortization			
19.	Other expenses, specify:			
20.	Other expenses, specify:			
21.	Other expenses, specify:			

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