

## SELF EMPLOYMENT WORKSHEET

CLIENT NAME:	REPORTING MONTH:
SOCIAL SECURITY #:	TYPE OF BUSINESS:
HOUSEHOLD #:	NUMBER OF BOARDERS IN HOUSEHOLD:
AVERAGE NUMBER OF HOURS WORKED PER WEEK AT SELF-EMPLOYMENT DURING THIS REPORTING PERIOD:	

PLEASE ATTACH VERIFICATION OF ALL INCOME AND EXPENSES.

INCOME		Amount
1	GROSS INCOME (including rental/lease of self-employment property sale of goods, services, property & equipment, roomer boarder income)	
2	RETURNS AND ALLOWANCES	
3	GROSS PROFIT (subtract line 2 from line 1)	
4	OTHER INCOME. Including Capital Gains (profit from the sale of company assets.)	
5	TOTAL GROSS INCOME (add lines 3 & 4)	

EXPENSES					
		Amount			Amount
6	Advertising costs	\$	19	<u>Rent or Lease</u>	\$
7	Bad debts from sales or services	\$		a. Vehicles, machinery, and equipment	\$
8	Vehicle expenses	\$		Other business property	\$
9	Commission and fees	\$	20	Repairs and maintenance	\$
10	Cost of goods sold	\$	21	Supplies and materials	\$
	a. cost for personal use	\$	22	Taxes and licenses for business	\$
11	Subtract line 10a from line 10	\$	23	<u>Travel, meals, and entertainment</u>	\$
12	Employee taxes	\$		a. Travel for business	
13	Insurance	\$		b. Meals and entertainment	\$
14	Loan payments for assets, equipment, land/property	\$		c. Less cost for personal expense	
15	Taxes and/or insurance not included in loan	\$	24	Subtract line 23c from line 23b	
16	Legal and professional services	\$	25	Portion of Rent/Utilities used as Self Employment expense	\$
17	Office expenses	\$	26	Wages to employees	\$
18	Pension and profit-sharing plans (employees)	\$	27	Total expenses (add lines 6 thru 26)	\$
			28	Net profit or (loss) Subtract line 27 from line 5	\$

**MONTHLY INCOME:** (Line 28 divided by the number of months the income is intended to cover.) B-4331-4311.63

**BOARDERS:** Subtract the maximum allotment for a one person household for each boarder in the home. If shelter costs are paid by boarder to a third party (landlord, mortgage company) the payment will not be allowed as income to the household and no shelter deduction allowed for that amount.

**FOSTER CARE:** If included in the Food Stamp Household, the entire payment is counted as unearned income. If boarder income is from Foster Care Payment the entire payment is a cost of doing business.

**DAYCARE:** Allow unreimbursed portion of meals and toys.

DATE:	TECHNICIAN:
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