



STEVE SISOLAK
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

TANF MEDICAID SNAP

Date: _____
Case Name: _____
Case ID: _____



SELF-EMPLOYMENT WORKSHEET

If a member of the household receives income from self-employment, other than farming, complete the following information

for the report period of _____ through _____ .

Business Name: _____ Address: _____

Owner's Name: _____ Address: _____

Period of Operations: _____ through _____

| | | | |
|----|---|----|-------|
| 1 | Gross receipts or sales (include 100% of capital gains) | \$ | _____ |
| 2 | Inventory at beginning of period | \$ | _____ |
| 3 | Merchandise Purchased | \$ | _____ |
| 4 | Cost of Labor (exclude your wages) | \$ | _____ |
| 5 | Raw Materials and Supplies | \$ | _____ |
| 6 | Add lines 2 through 5 | \$ | _____ |
| 7 | Inventory at end of period | \$ | _____ |
| 8 | Subtract item 7 from item 6. This is your COSTS OF GOODS SOLD | \$ | _____ |
| 9 | Taxes and Assessments on Business Property | \$ | _____ |
| 10 | Rent Paid on Business Property or Equipment | \$ | _____ |
| 11 | Legal and Professional Fees | \$ | _____ |
| 12 | Operating Supplies | \$ | _____ |
| 13 | Repairs (not including capital improvements) | \$ | _____ |
| 14 | Interest on purchase of business equipment | \$ | _____ |
| 15 | Advertising | \$ | _____ |
| 16 | Interest (on income-producing property) | \$ | _____ |
| 17 | Utilities | \$ | _____ |
| 18 | Postage and Publications | \$ | _____ |
| 19 | Telephone | \$ | _____ |
| 20 | Insurance | \$ | _____ |
| 21 | Transportation | \$ | _____ |



| | | |
|----|---|----------|
| 22 | Commission Paid | \$ _____ |
| 23 | Other <i>(describe)</i> _____ | \$ _____ |
| 24 | Combine items 11-23. These are your OTHER BUSINESS EXPENSES | \$ _____ |
| 25 | Add lines 8, 9, 10 and 24 for your TOTAL COSTS OF BUSINESS | \$ _____ |
| 26 | Subtract item 25 from item 1. This is your NET INCOME | \$ _____ |

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 |
|---------------------------------------|------------|-------|------|------------------|

