



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 <i>(include 100% of capital gains)</i>	\$	_____
2	Inventory at beginning of period	\$	_____
3	Merchandise Purchased	\$	_____
4	Cost of Labor <i>(exclude your wages)</i>	\$	_____
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 <i>(not including capital improvements)</i>	\$	_____
14	Interest on purchase of business equipment	\$	_____
15	Advertising	\$	_____
16	Interest <i>(on income-producing property)</i>	\$	_____
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
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Signature (Person Completing Form)	Print Name	Title	Date	Telephone Number
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