



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: _____



INCOME FROM FARM OPERATIONS & OTHER SELF-EMPLOYMENT OPERATION WORKSHEET

FARM OPERATION - If a member of the household is a farm operator (owner, tenant or sharecropper), complete the following information for the report period of _____ through _____.

1. INCOME:

a.	Sales of purchased livestock and other items purchased for resale	\$ _____
b.	Sales of raised livestock	\$ _____
c.	Sales of produce	\$ _____
d.	Agriculture Program payments	\$ _____
e.	Income from leases or rental property	\$ _____
f.	Total proceeds from sale of capital assets	\$ _____
g.	Other (<i>specify</i>)	\$ _____
TOTAL GROSS INCOME FROM OPERATION (total a–g)		\$ _____

2. EXPENSES

a.	Hired labor costs	\$ _____
b.	Repairs and maintenance	\$ _____
c.	Interest on farm mortgage (less amount paid on home)	\$ _____
d.	Rent on farm, pasture and equipment	\$ _____
e.	Feed purchases	\$ _____
f.	Seed, fertilizer, plants and chemicals	\$ _____
g.	Supplies purchases	\$ _____
h.	Breeding and veterinary fees and medicine	\$ _____
i.	Cost of purchasing livestock for resale	\$ _____
j.	Utilities (<i>less amount attributable to home</i>)	\$ _____
k.	Interest on loans for farm machinery or equipment	\$ _____



l.	Insurance <i>(less amount attributable to home)</i>	\$	
m.	Taxes on land, equipment or stock	\$	
n.	Fuel	\$	
o.	Other	\$	
TOTAL EXPENSES OF FARM OPERATION (total a-o)			\$
3.	NET INCOME FROM FARM OPERATIONS (subtract 2 from 1)		\$

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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