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

STEVE SISOLAK
Governor

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 *(specify)* $ _____

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 *(less amount attributable to home)* $ _____

k. Interest on loans for farm machinery or equipment $ _____

l. Insurance *(less amount attributable to home)* $ _____

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
		/ /	

Signature (Person Completing Form)	Print Name	Title	Date	Telephone Number