



Washington State
Department of Social
& Health Services

SELF-EMPLOYMENT INCOME REPORT

Please print.

		1. YOUR NAME	
PERSONAL INFORMATION	2. BUSINESS NAME		3. CASE NUMBER
	3. BUSINESS ADDRESS		5. REPORT OF INCOME (DATES) FROM TO
BUSINESS INCOME	1. GROSS BUSINESS RECEIPTS		\$
	2. OTHER BUSINESS INCOME (SPECIFY):		\$
	3. GROSS BUSINESS PROFIT (LINE 1 ABOVE + LINE 2 ABOVE)		TOTAL \$
BUSINESS EXPENSES	1. COST OF PRODUCT SOLD (COMPLETE PRODUCT COST SECTION ON REVERSE AND ENTER AMOUNT HERE FROM LINE 8 HERE)		\$
	2. TRANSPORTATION COSTS (COMPLETE TRANSPORTATION COST SECTION ON REVERSE AND ENTER AMOUNT HERE FROM LINE 8 HERE)		\$
	3. GROSS WAGES OF EMPLOYEES NOT REPORTED IN PRODUCT COST SECTION. (ENTER TOTAL WAGES BEFORE ANY DEDUCTIONS. DO NOT ENTER AMOUNT OF WAGES FOR YOU, YOUR SPOUSE, OR ANYONE FOR WHOM YOU RECEIVE ASSISTANCE.)		\$
	4. COMMISSIONS TO AGENTS AND PROFESSIONAL FEES (FOR ACCOUNTANTS, LAWYERS, SALESPERSONS, ETC.)		\$
	5. TAXES FOR EMPLOYEES (ENTER THE TOTAL OF THE EMPLOYERS SHARE OF UNEMPLOYMENT INSURANCE PAYMENTS, FICA (SOCIAL SECURITY, ETC.))		\$
	6. BUSINESS TAXES (ENTER THE TOTAL OF BUSINESS RELATED TAXES, LICENSE FEES, ETC.)		\$
	7. COST OF PLACE OF BUSINESS		\$
	a. Office rent.....		\$
	b. Telephone		\$
	c. Utilities.....		\$
	d. Taxes (if buying).....		\$
	8. BUSINESS PROPERTY REPAIRS (EXCEPT VEHICLE REPAIRS; SPECIFY WORK DONE)		\$
	9. BUSINESS INSURANCE (EXCLUDING VEHICLE INSURANCE)		\$
	10. OFFICE SUPPLIES (STATIONERY, POSTAGE, ACCOUNT BOOKS, ETC.; SPECIFY ITEMS)		\$
11. INTEREST ON BUSINESS DEBTS (DO NOT ENTER THE AMOUNT OF PAYMENTS ON THE PRINCIPAL)		\$	
12. OTHER BUSINESS EXPENSES (SPECIFY):		\$	
a. _____		\$	
b. _____		\$	
c. _____		\$	
13. TOTAL DEDUCTIONS (ADD LINES 1 THROUGH 12 IN THIS SECTION)		\$	
14. GROSS INCOME (SUBTRACT LINE 13 ABOVE FROM LINE 3 IN THE BUSINESS SECTION ABOVE; ENTER THE AMOUNT HERE.		\$	

**DSHS OFFICE
USE ONLY**

PRODUCT COST	1. INVENTORY AT BEGINNING OF MONTH (IF DIFFERENT THAN END OF LAST MONTH'S, ATTACH EXPLANATION - ENTER DOLLAR VALUE)		\$	DSHS OFFICE USE ONLY
	2. COST OF MATERIALS USED TO MAKE PRODUCT (SPECIFY MATERIALS)		\$	
	3. COST OF PRODUCT IF YOU DO NOT MAKE PRODUCT		\$	
	4. SALARIES (BEFORE DEDUCTIONS) OF EMPLOYEES WHO MAKE PRODUCT. DO NOT INCLUDE WAGES OF ANYONE FOR WHOM YOU RECEIVE ASSISTANCE.		\$	
	5. OTHER PRODUCT RELATED COSTS (SPECIFY BELOW)		\$	
	a. _____		\$	
	b. _____		\$	
	c. _____		\$	
	6. TOTAL PRODUCT COST (ADD LINES 1 THROUGH 5 ABOVE)		\$	
7. INVENTORY AT END OF MONTH (ENTER DOLLAR VALUE)		\$		
8. PRODUCT COST (SUBTRACT LINE 7 ABOVE FROM LINE 6 ABOVE. ENTER HERE AND ON THE REVERSE SIDE OF THIS FORM IN THE BUSINESS EXPENSES SECTION, LINE 1)		\$		
TRANSPORTATION COST	CHECK ONE	1. ENTER TOTAL MILES DRIVEN ON THE JOB		
		2. ENTER TOTAL MILES DRIVEN THIS MONTH (ON AND OFF THE JOB)		
		3. PERCENTAGE OF MILES DRIVEN FOR BUSINESS PURPOSES (DIVIDE MILES IN LINE 1 ABOVE BY MILES IN LINE 2 ABOVE. ANSWER SHOULD BE A DECIMAL.)		
		4. VEHICLE SERVICING OR REPAIRS PAID THIS MONTH	\$	
		5. REGISTRATION AND LICENSE FEES PAID THIS MONTH	\$	
		6. INTEREST ON VEHICLE PAYMENTS PAID THIS MONTH	\$	
		<input type="checkbox"/> I want to deduct \$.55 per mile for gas, oil and fluids. MULTIPLY NUMBER OF MILES IN LINE 2 BY \$.485. ENTER AMOUNT.	\$	
		<input type="checkbox"/> I want to itemize the following expenses: Gasoline	\$	
		Oil	\$	
	Fluids	\$		
7. TOTAL TRANSPORTATION COSTS THIS MONTH. ADD LINES 4 THROUGH 6 ABOVE AND ENTER AMOUNT.		\$		
8. MULTIPLY AMOUNT IN LINE 7 ABOVE BY THE NUMBER IN LINE 3 ABOVE. ENTER HERE AND ON THE REVERSE SIDE OF THIS FORM IN THE BUSINESS EXPENSES SECTION, LINE 2)		\$		
CHECK AND COMPLETE IF STATEMENT APPLIES TO YOU		DATE OF LAST DAY WORKED	DATE INCOME DUE	AMOUNT
<input type="checkbox"/> I am no longer self-employed.				\$
<p align="center">READ CAREFULLY AND SIGN BEFORE RETURNING YOUR REPORT</p> <p>1. I understand that I must verify all income and deductions claimed. I hereby authorize the department to contact other persons or agencies to obtain necessary information regarding my income.</p> <p>2. I understand that information given in this report may result in the reduction, suspension or termination of my grant.</p> <p>3. I declare under penalty of perjury that information given in this report is true and correct to the best of my knowledge. (Both husband and wife must sign if living together.)</p>				
YOUR SIGNATURE		DATE	YOUR SPOUSE'S SIGNATURE	DATE