WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-00107 (06/2019)



SELF-EMPLOYMENT INCOME REPORT

The information you provide on this form will only be used to see if you meet the income rules for programs such as BadgerCare Plus, FoodShare, or Medicaid for the Elderly, Blind, or Disabled. This form is not the only way you can provide information about your self-employment income. You can provide the information in another way, such as through tax returns or bookkeeping records. If you do not provide your self-employment income, you may not be able to get or keep getting benefits.

See the Self-Employment Income Report Completion Instructions, F-00107A, at https://www.dhs.wisconsin.gov/library/f-00107.htm for information on filling out this form.

SECTION 1	Person						
Name – Individual (Last, First, MI)						Case Number	
SECTION 2	Busine	ss Information					
Name – Business Type – Business							
Street Address							
City			State	Zip Code			
Business Start Date Month/Year of Significant Change (if applicable			icable)	Percent of Business Owned by Individual 0.00%			
SECTION 3	Signatu	ire and Date					
By signing this fo knowledge.	orm, you are	e saying that the information you provided is	correct	and complete	to the bes	st of your	
SIGNATURE						Date Signed	

SECTION 4

Business Income and Expenses (include income and expenses for the whole business)



Month of operation:		Choose One	Choose One	Choose One	
Υe	ar of operation:				
	mber of hours individual worked for business during onth of operation:				
A.	Gross Business Income	Amount	Amount	Amount	
1.	Gross receipts and/or sales				
2.	Other income, specify:				
В.	Gross Business Expenses	Amount	Amount	Amount	
1.	Wages and commissions paid to employees				
2.	Employee benefit programs, pensions, and profit sharing				
3.	Travel				
4.	Vehicle				
5.	Rent or lease				
6.	Repairs and maintenance				
7.	Telephone and utilities				
8.	Materials and supplies				
9.	Freight				
10.	Legal and professional fees				
11.	Advertising, dues, and publications				
12.	Taxes (does not include income taxes)				
13.	Insurance				
14.	Purchase price of income-producing real estate, capital assets, capital equipment, and durable goods				
15.	Principal payment on loans for the purchase of income- producing real estate, capital assets, capital equipment, and durable goods				
16.	Depreciation				
17.	Depletion				
18.	Amortization				
19.	Other expenses, specify:				
20.	Other expenses, specify:				
21.	Other expenses, specify:				

F-00107 Page 2 of 2