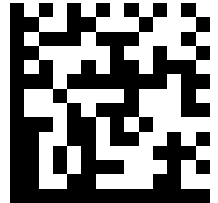




State of Utah
Department of Workforce Services
SELF-EMPLOYMENT INFORMATION SHEET



D26016900400103

Please use a black pen to complete this form.

Case #: _____

Self-Employed Person: _____

Business Name: _____

1.	Is your business incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, do you own stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you file taxes as an 'S' Corp.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you sole owner of your business? (If yes, go to #3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your business a partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you a limited partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What is your percentage of ownership?		%
3.	Does your business involve rental/lease income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	What date did you start doing business?		
	Are you involved in the day-to-day decisions of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you consider yourself actively engaged in your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is your business in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what percentage of your home is regularly & exclusively used for business?		%
	Is your business a day care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what percentage of your home is used for day care?		%
6.	Do you use a vehicle in your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, is it used only for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, what percentage is used for business?		%
7.	Do you have a separate business phone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you have separate business checking or savings account? (provide copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The above is a correct statement of my self-employment information.

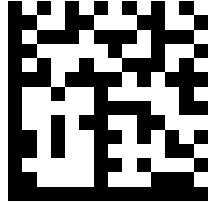
Customer Signature: _____ Date: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.



State of Utah
 Department of Workforce Services
SELF-EMPLOYMENT LEDGER



D26016900400203

Please use a black pen to complete this form.

Self-Employed Person: _____

Case Name: _____

Business Name: _____

Case #: _____

Month/Year: _____ Hours Worked Per Week: _____

The attached ledger is used to report the self-employment income you receive each month. You must report the gross income (before expenses) received in the month you indicated above. A Self-Employment Ledger must be completed for each month requested.

You have three options for the amount of expenses you may deduct from your gross Self-Employment income. Please indicate your choice below.

40% of your gross Self-Employment income* I have no expenses* Actual expenses**

* If you choose 40% or no expenses, you do not need to complete the expense section of the attached ledger and you do not need to provide copies of your business receipts. **Some medical programs are not eligible to use the 40% deduction.**

- If you are receiving or are applying for Medical, do you have business expenses?
 Yes No

** Actual Expenses: If you choose to claim your actual expenses, you must complete the expense section of the attached ledger. Most business expenses that you have **paid** may be subtracted from your self-employment income. The following are examples of expenses that are **not** allowed and should **not** be listed. If you are uncertain whether or not a business expense is allowable, please list it.

- Monthly telephone charges unless there is a separate business phone (Long distance telephone charges that are business related may be deducted);
- Federal, state and local taxes;
- Mileage expenses from the home to the first and last work location cannot be deducted even if your business is located in your home.

With my signature, I certify I have listed all income and expenses. I also certify that I have receipts or some type of verification on file for all listed income and expenses reported on this form and I will keep them on file for at least one year from date reported.

I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief, is true and correct.

Signature: _____

Date: _____

