



Healthcare for Uninsured Kids and Youth

Self-Employment Income Verification

W-38 (New 8/02)

Date

Client Name

Caseworker Name

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Client ID#

Caseworker Phone Number

Dear _____:

Program(s)

Please use this form to list the gross income, business expenses, and net income after business expenses from your self-employed business. **Do not include any depreciation as a business expense. A list of common business expenses that can be considered is listed on the back of this form.** Please sign and date the form at the bottom and return it to your caseworker by _____ so that he or she can process your case for HUSKY Healthcare Coverage.

If you have any questions about how to fill out this form, please call your caseworker whose name and phone number is listed above.

For the last 12 months, list the following information from your business:

- business name and type of business;
- the dates of the 12 month period of time that you are reporting. If the information is for less than 12 months because you have not been self-employed for the last year, indicate the period of time that the income is from;
- your gross business income / receipts before expenses or deductions;
- your business expenses. Please explain any entries listed in the "other" column.
Please note that you cannot list depreciation as a business expense;
- your net income (gross business income/receipts minus business expenses).

If your yearly federal tax return is three (3) months old or less, you can supply a copy of your federal tax return (including your form 1040 and your Schedule "C") instead of completing this form. You may also supply us with your self-employed income information without using this form. Instead, you may write the information on a separate piece of paper that you sign and date. You may use a separate piece of paper as long as you include all the information that this form is requesting.

1. Business Name _____

2. Type of Business _____

3. The 12-month period of time this income covers is from _____ to _____.
(month / year) (month / year)

4. If your self-employment is for less than 12 months, the period of time the income is for is from _____ to _____.
(month / year) (month / year)

(OVER PLEASE)

5. **Gross Business Receipts** (before deductions or expenses)

For the time period listed on the other page (item 3 or 4), please state your gross business income/receipts:

\$ _____

6. **Business Expenses**

For the time period listed on the other page (item 3 or 4), please list your business expenses below. **(Please note, depreciation cannot be listed.)**

Advertising	\$	Rent/Lease -- Other Business Property	\$
Bad Debts from Sales or Service	\$	Repairs & Maintenance	\$
Car & Truck Repair	\$	Supplies	\$
Commissions & Fees	\$	Taxes & Licenses	\$
Employee Benefits Programs <i>(e.g. retirement plan contributions and health insurance premiums for employees, etc.)</i>	\$	Travel <i>(for business related travel only)</i>	\$
Insurance (not Health) <i>(workers compensation, liability insurance payments etc.)</i>	\$	Meals & Entertainment	\$
Interest – Mortgage <i>(for business related property only)</i>	\$	Utilities	\$
Interest -- Other	\$	Wages of Employees	\$
Pension and Profit Sharing Plans	\$	Legal & Professional Services	\$
Rent/Lease -- vehicles, machinery, equipment	\$	Other Expenses <i>(please explain)</i>	\$
		Total of All Expenses	\$

7. **Net Business Income**

Please state **your net business income, after expenses are deducted:**
(item 5 minus the total from item 6)

_____ divided by _____ months = _____ countable income/mo.

Please read and sign the statement listed below. Then return this form to your caseworker.

I certify that the information on this form is true to the best of my knowledge. I understand that if I have knowingly given incorrect information, I may be subject to the penalties for false statements as specified in the Connecticut General Statutes Section 53a-157b and 17b-97 and the penalties for larceny as specified in Section 53a-123. I also may be subject to penalties for perjury under federal law.

Client Signature

Business Owner's Signature *(if not the client)*

Witness' Signature (if signed with an X) or Helper

Date