

REPORT OF SELF-EMPLOYMENT EARNINGS

I. Case Name: _____ Case No.: _____

Unit Name: _____ Unit Address: _____

Worker Name: _____ Worker Phone No.: _____

Please answer all questions for _____, sign and date the form, and return to your
(month/year)
case worker by _____. **SUBMIT APPROPRIATE VERIFICATION FOR ALL QUESTIONS**
(suspense date)

MARKED WITH AN ASTERISK (*).

II. Self-Employed Person: _____ Name of Business: _____

Nature of Business: _____ Principal Place of Business : _____

III. Answer the following questions by placing a check () mark in one of the two blocks after the questions. Based on your responses determination will be made whether or not you meet the conditions of a self-employed person.

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. I cannot be discharged from my job by someone else. | ___ | ___ |
| 2. I am not an employee of an agency or organization. | ___ | ___ |
| 3. I report income to the IRS as a self-employed person. | ___ | ___ |
| 4. I report income to the State of Hawaii as a self-employed person. | ___ | ___ |
| (*) 5. I am subject to pay self-employment, Social Security taxes. | ___ | ___ |
| (*) 6. I pay employer and employee's share of Social Security taxes as a self-employed person. (Answer only if you have employees). | ___ | ___ |
| 7. I have a valid current State of Hawaii General Excise License. | ___ | ___ |

Note: The business is not considered self-employment if it is a corporation. If you are an owner, i.e. stock or shareholder of a corporation, submit verification of the total value of your stock or share and your monthly dividend amount.

FOR AGENCY USE ONLY
(How Verified)

Federal I.D. No.:

Genl. Excise Lic. No.:

FOR AGENCY USE ONLY

(* IV. Gross Self-Employment Income \$ _____

Business Expenses:

Note: Do not list personal expenses and taxes that you pay on you net income, i.e., self-employment or Social Security, Federal, State. However, if you have, employees, list the salary, types and amounts of taxes you pay on their behalf in this section. (You cannot be an employee of your business)

Expenses verified by:

(* General Excise License Fee . . . \$ _____

(* General Excise Tax
(____% of gross income) . . . \$ _____

(* Other (list business expenses) :

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Less Total Expenses \$- _____

NET EARNED INCOME \$ _____
=====

(Date)

(Signature)