

# Self Employment Monthly Sales and Expense Worksheet

NAME	
MONTH	CLIENT ID NUMBER

## 1. Self Employment Income

You must tell us about your monthly self employment income.

- If you provide us copies of your business ledgers or profit and loss statements, you **do not** need to use this form.
- If you do not have these business records available, you may use this form to tell us about your income and expenses. You must sign the back of this form.

**Business Name:** \_\_\_\_\_

**List your total daily income from sales of goods and services:**

DATE	TOTAL SALES	DATE	TOTAL SALES	DATE	TOTAL SALES

**Monthly Total Self Employment Income \$**

## 2. Deducting Business Expenses

If you want to claim business expenses, you must list the expenses on the following page and give us documentation of the expense. (WAC 388-450-0085, 182-512-0840)

**For cash and food only:** I choose to take the 50% standard deduction instead of listing my expenses on the next page. (Sign the back page.)

**Business Expenses.** Generally, you may claim any business expense that is allowed by the Internal Revenue Service (IRS), with the exception that we don't allow a deduction for depreciation.

**Examples of business expenses are:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Materials used to produce goods or services</li> <li>Chemicals and supplies used to produce goods or services</li> <li>Business Loans (interest and principle)</li> <li>Banking fees</li> <li>Legal, accounting, or other professional fees</li> </ul> | <ul style="list-style-type: none"> <li>Space rent and business utilities</li> <li>Maintenance of business property</li> <li>Payroll or wages</li> <li>Vehicle expenses for business purposes with documentation</li> <li>Business phone</li> </ul> |
|---|--|

**Examples of line items we don't count as an expense are:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Depreciation</li> <li>Guaranteed payments</li> <li>Health insurance for you and your family</li> <li>Money set aside for retirement purposes</li> </ul> | <ul style="list-style-type: none"> <li>Personal utilities (phone, electricity, etc.)</li> <li>Rent or mortgage of your home</li> <li>Personal work expenses (travel to/from work, clothing)</li> <li>Vehicle expenses without documentation for cash and food</li> </ul> |
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**Examples of allowable documentation of expenses are:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Receipts for expense claimed</li> <li>Itemized bank statements that match expenses claimed</li> </ul> | <ul style="list-style-type: none"> <li>Itemized bank card statements that match expense claimed</li> <li>Mileage logs</li> </ul> |
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### 3. Expenses

List your business expenses for the month. See instruction on page 1 for information on business expenses and what we do not count as a business expense. List additional expenses on a separate sheet of paper if needed.

DATE	PAID TO	EXPENSE TYPE	CHECK NO.	AMOUNT PAID
<b>MONTHLY TOTAL</b>				<b>\$</b>

### 4. Business Mileage

Enter your total monthly mileage information above and attach documentation supporting the miles you claim. You may submit your own mileage log or complete the following section. List additional expenses on a separate sheet if needed. If you claim actual vehicle expenses, you must provide proof of the expense. We may also request additional documentation to verify the expense was for the business use of a vehicle. See <http://www.ofm.wa.gov/policy/10.90a.pdf> for current mileage reimbursement rates.

DATE START ODOMETER	DATE START ODOMETER	DATE START ODOMETER	DATE START ODOMETER	DATE START ODOMETER	DATE START ODOMETER	DATE START ODOMETER
END ODOMETER	END ODOMETER	END ODOMETER	END ODOMETER	END ODOMETER	END ODOMETER	END ODOMETER
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**Read carefully and sign before returning this worksheet:**

- I understand that only verified expenses will be allowed according to program rules.
- I understand that information given in this report may impact my benefits.
- 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.)

SIGNATURE	DATE	SIGNATURE	DATE
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