

SELF-EMPLOYMENT FORM

PLEASE PRINT CLEARLY

Name (First, Last): _____ Case Number: _____

Home Address: _____
Street City State Zip Code

Business Name: _____

Business Address: _____
Street City State Zip Code

Type of Business (explain): _____

Business Owner Name(s) 1: _____ 2: _____

Business Phone: _____ When was this business started? _____ / _____
Month/Year

Did you file a business tax return last year? Yes No

At application, self-employed individuals must be earning taxable income at the time they initially request assistance.

At redetermination, self-employed individuals must be earning an hourly wage that is at or above State of Connecticut's current minimum wage. This is calculated based on the weekly or monthly income earned divided by the number of hours involved in the work activity. Individuals should submit the verification that shows the current business income.

Instructions

- You may use the worksheet on the back of this form to verify your self-employment income if:
 - You did not file a business income tax return last year; or
 - You filed a business tax return last year and expect a significant change in your business earnings this year.
- You must have business records to verify the information given on this form. Business records include items such as invoices, cancelled checks, receipts for materials purchased, bank account information and your business calendar for us to determine your work schedule. **Please send copies.** We cannot guarantee original forms will be returned to you.
Note: This form lists the most common business deductions allowed by the IRS. If you claim other deductions, such as depreciation, you must include a worksheet showing how you calculated the expense.
- If you filed a business tax return last year, please include copies of forms **IRS 1040 and Schedule C**. Include form 8829 if you claim expenses for the business use of your home.
- If you own a corporation or partnership, include copies of **IRS forms 1120 and 1065**. Your share of profits not distributed to the principal owners will be counted as income.
- Please include copies of any estimated taxes you paid to the IRS this year. Generally, the IRS requires you to make estimated tax payments if you expect to owe at least \$1,000 in taxes.
- State or federal law may not allow deductions for the cost of depreciation, the purchase of tools or equipment, entertainment expenses, or prior year business losses. If you claim an expense that is not allowed, we will add the amount to the net income reported on this form.
- We must be able to verify how many hours you work and the work schedule you listed on your application form. Please send us any information you have that verifies your work schedule.

If you have any questions or need help completing this form, please call Care 4 Kids at 1-888-214-5437.

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BUSINESS INCOME CALCULATION WORKSHEET Case Number: _____

Please round all amounts to the nearest dollar.

1. Income	What this is.	Amount
1a. Gross Income Earned	Enter your gross business income before deductions.	
1b. Period Covered	Tell us how long it took you to earn this money.	From: _____ To: _____
2. Business Expenses		
2a. Car and Truck Expenses	You can claim the standard mileage deduction if you use your car or truck for business purposes. Multiply the miles you traveled for work times \$0.67 per mile.	Miles _____ x \$0.70 = \$ _____
2b. Insurance	List the amount you pay for business insurance on your business.	
2c. Equipment Rental	Enter the cost of renting vehicles, machinery or equipment for your business.	
2d. Supplies	Enter the cost of supplies and materials used to operate your business.	
2e. Licenses	Enter the cost of any licenses you purchased for your trade or business.	
2f. Telephone	Enter your business telephone expense. If you use your home telephone for business, do not deduct the regular monthly rate charged by your telephone company.	
2g. Employee Salaries	Enter the amount you paid to individuals that worked for you. Do not include payments to yourself or any other business owners.	
3. Total Business Expenses	Add the total expenses listed in line 2a through line 2g.	
4. Net Business Income	Subtract the total expenses in line 3 from your gross earnings in line 1a.	

Certification: (Please read carefully and sign below.)

- I certify that the information I have provided is true and correct.
- I understand and agree that Care 4 Kids may independently verify the information given on this form.
- I understand that Care 4 Kids may contact the Internal Revenue Services or the State Department of Revenue services to verify information concerning my business income.

I have read this statement, or I have had it read to me in my native language. I also certify that all statements made by me and all the information on this form are true and correct under penalty for false statement as provided in either Section 53a-15b or Section 17b-97 of the Connecticut General Statutes.

Business Owner Signature: _____ Date: _____

Complete and return this form to:
Care 4 Kids, 55 Capital Boulevard, Rocky Hill, CT 06067
Fax: 1-877-868-0871

Care 4 Kids is a program of the State of Connecticut Office of Early Childhood.