



Self-Employment Verification Report- Standard

Sole Proprietorship

Case Name:		Case Number:
Participant Name (If different than Case Name):		Social Security Number:
Business Name:	Business Address:	
Business Phone:	Type of Business:	
Was this business started within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many months has the business been in operation? Income Months: (e.g., 01/07-06/07)

Instructions: Complete the following sections to verify your self-employment information for the tax year or number of months your business was in operation (recorded above). The information you provide is used by the Idaho Department of Health and Welfare (IDHW) to calculate self-employment income and deductions according to IDHW regulations.

Part I: Income		
1.	Gross Receipts or Sales	
2.	Net Profit from Sale of Assets (Capital Gains)	+
3.	Total Part I: (add line 1 and 2)	\$

Part II: Cost of Goods Sold		
Cost of Goods Sold is the amount expended to produce or manufacture merchandise sold, including material and labor used to produce products for sale and products purchased for resale (less ending inventory of items not sold), during the tax year or number of months the business was in operation (recorded above).		
4.	Cost of Goods Sold	
	Total Part II:	\$

Part III: Gross Income		
5.	Total of Part I (line 3)	
6.	Total of Part II (line 4)	-
7.	Total Gross Income: (subtract line 6 from line 5)	\$

Signature

Under penalty of perjury, I swear or affirm the information I have reported is true and complete.

Signature of applicant/authorized representative Phone Date

This Section for Office Use Only.	
	Projected Monthly Gross Income