

## SELF-EMPLOYMENT INCOME REPORT INSTRUCTIONS

The income you report on the Self-Employment Income Report form (F-00107) is used to see if you meet the income rules for programs such as BadgerCare Plus, FoodShare, or Medicaid for the Elderly, Blind, or Disabled. The information you provide on the Self-Employment Income Report form will **only** be used to see if you meet the income rules for these programs.

The Self-Employment Income Report form is not the only way you can provide information about your self-employment income. You can provide the information in another way, such as through tax returns or bookkeeping records. If you do not provide your self-employment income, you may not be able to get or keep getting benefits.

### INSTRUCTIONS

Fill out the Self-Employment Income Report form to the best of your ability. Some of the information may already be prefilled. If information is prefilled, review it carefully and change if needed.

The information you need to provide depends either on how long your business has been in operation or when your business had a significant change in circumstances (for example, if you became ill and the business could not operate without you):

- If your business has been in operation for three months or had a significant change in circumstances three months ago, provide the actual income and expenses for those three months.
- If your business has been in operation for less than three months or had a significant change in circumstances less than three months ago, provide the actual income and expenses for the month(s) your business has been in operation or had the change. You should then **estimate** what your income and expenses will be for the rest of the three-month period.
- If your business has been in operation for more than three months or had a significant change in circumstances more than three months ago, you will need to give us information for each of the months your business has been in operation or had the change. You may need to provide up to 12 months of information. You can contact your agency if you need more copies of the form.

You can also contact your agency if you need help filling out the form. Your agency contact information is on the letter you got asking you to fill out the Self-Employment Income Report form and on the Department of Health Services website at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm).

You can submit your completed Self-Employment Income Report form in one of the following ways:

- **Mobile app:** Use the MyACCESS mobile app to take a photo of and submit all the pages of your document.
- **Online:** Copy and scan all pages of the form to ACCESS. You can do this through your ACCESS account, which you can log into at [access.wi.gov](http://access.wi.gov). **Note:** If you do not have an ACCESS account, you can go to [access.wi.gov](http://access.wi.gov) and create one.
- **Fax:** Fax all pages of the form to one of the following numbers:
  - 1-855-293-1822 if you do **not** live in Milwaukee County
  - 1-888-409-1979 if you live in Milwaukee County
- **Mail:** Mail the form to the address listed on the Document Tracking Sheet included with the letter you got asking you to fill out the Self-Employment Income Report form.
- **In Person:** Take the form to the agency address listed on the Document Tracking Sheet included with the letter you got asking you to fill out the Self-Employment Income Report form.

Make sure you also submit the Document Tracking Sheet included with the letter you got asking you to fill out the Self-Employment Income Report form. This helps your agency process your information as quickly as possible.

### SECTION 1 – PERSONAL INFORMATION

Write in your name and case number. **Note:** Your case number is on the top right corner of the letters you get from the State of Wisconsin about your benefits.

**SECTION 2 – BUSINESS INFORMATION**

Write in your business's name and address. Also write in what kind of business you own, when your business started, and how much of the business you own. If your business had a significant change in circumstances, write in the month and year of the change. You may have already talked to your agency about the month and year of the change. If you did, write in the month and year you and your agency agreed on.

**SECTION 3 – SIGNATURE AND DATE**

Review the information you provided to make sure it is correct and then sign and date the form.

**SECTION 4 – BUSINESS INCOME AND EXPENSES**

Include the income and expenses **for the whole business**. Your agency will calculate your share of the income and expenses based on how much of the business you own. Only include income and expenses related to the business. Do not include personal income and expenses.

**Month of operation**

Write in the names of the months for which you are providing information.

**Year of operation**

Write in the year for which you are providing information.

**Number of hours individual worked for business during month of operation**

For each month, write in the number of hours you worked for your business during that month.

**A. GROSS BUSINESS INCOME****1. Gross receipts and/or sales of your business**

Write in the total amount of income your business received for each month. This amount does **not** include any deductions or expenses. Some examples are sales of goods or payment of services (like tips).

**2. Other business income – specify**

If your business received other income that you did not put in the Gross receipts and/or sales field (like guaranteed payments you get as a business partner, royalties, interest income, and net capital gains), write in the total amount of that income for each month. Briefly tell us about the income.

**B. GROSS BUSINESS EXPENSES****1. Business wages and commissions paid to your employees**

Write in the total amount of wages and commissions paid to your employees each month. This amount includes bonuses and guaranteed payments to business partners (payments that are always made to individual partners even if your business does not make a profit). Do **not** include any wages or commissions that were paid to you.

**2. Employee benefit programs, pensions, and profit sharing business expenses**

Write in the total amount your business spent on employee benefit programs, pensions, and profit sharing for each month. Some examples of employee benefit programs are health insurance, workers' compensation, and unemployment benefits.

**3. Business travel**

Write in the total amount your business spent on business-related travel expenses for each month. Some examples of business-related travel expenses are airfare, car rental, parking, meals, and lodging for a business meeting or event. Business-related travel expenses do **not** include expenses for traveling to and from work or personal travel.

**4. Business vehicle expenses**

If you have a business vehicle or use your personal vehicle in your business, write in the total amount your business spent on vehicle expenses for each month. Some examples of vehicle expenses are mileage, insurance, gas, and maintenance costs. Vehicle expenses do **not** include expenses for traveling to and from work. If you use your vehicle for both personal and business purposes, only include the amount used for business purposes.

**5. Business rent or lease expenses**

Write in the total amount your business spent on renting or leasing property, land, machinery, equipment, animals, or other items for each month.

**6. Business repairs and maintenance expenses**

Write in the total amount your business spent repairing and maintaining property and equipment for each month. Do **not** include vehicle repairs and maintenance that you already put in line 4 Vehicle.

**7. Business telephone and utilities expenses**

Write in the total amount your business spent on telephone and utility expenses (like gas and electric) for each month. If you use your home for your business, only include the amount used for business purposes.

**8. Business materials and supplies expenses**

Write in the total amount of materials and supplies that your business **used** for each month. Some examples of materials and supplies are computers, paper, ink, boxes, uniforms, concrete, pallets, samples, and company-branded items.

**9. Business freight expenses**

Write in the total amount your business spent on freight expenses for each month. Include shipping and trucking expenses that you did not already put in line 4 Vehicle and line 8 Materials and supplies. Some examples of freight expenses are packing, palletizing, carriage costs, and loading and unloading charges.

**10. Business legal and professional fees**

Write in the total amount your business spent on legal and professional fees for each month. Some examples of legal fees are fees paid for permits; certifications; or local, state, or federal licenses. Some examples of professional fees are fees paid to accountants, lawyers, and financial advisors.

**11. Business advertising, dues, and publications expenses**

Write in the total amount your business spent on advertising, dues, and publications for each month. Some examples of advertising expenses are charges for advertising on webpages, social media, billboards, newspapers, phone books, and direct mail. Some examples of dues include membership fees for professional organizations, trade associations, and real estate boards. Some examples of publication expenses are subscriptions to professional journals and trade magazines.

**12. Business taxes (does not include income taxes)**

Write in the total amount your business spent on taxes for each month. Some examples of business taxes are taxes paid on property on which you earn income and state and local taxes that you pay as a seller of goods or services. Do **not** include income taxes.

**13. Business insurance expenses**

Write in the total amount your business spent on insurance for each month. Some examples of insurance expenses are payments for building or facility insurance, equipment insurance, and casualty insurance. Do **not** include expenses for health insurance, workers' compensation, and unemployment insurance that you already put in line 2 Employee benefit programs, pensions, and profit sharing.

**14. Purchase price of income-producing real estate, capital assets, capital equipment, and durable goods for your business**

If your business bought income-producing real estate, capital assets, capital equipment, and/or durable goods (products not used right away and not bought very often) during one of the months, write in the total amount you paid. Some examples of income-producing assets are property, machines used to make goods, buildings like kennels that are used for your business, a home you rent to others, and goods used to maintain your business like toys, kitchen equipment, and chairs. Do not include items that you have already put in other lines.

**15. Principal payment on loans for the purchase of income-producing real estate, capital assets, capital equipment, and durable goods for your business**

If your business is paying toward a loan you took out to buy income-producing real estate, capital assets, capital equipment, and/or durable goods (products not used right away and not bought very often), write in the amount of principal you pay each month as part of the loan payment. Do not include items that you have already put in other lines.

**16. Business depreciation**

Write in the total loss of value your business had on tangible (physical) assets, such as property, furniture, and equipment for each month.

**17. Business depletion**

Write in the total loss of value your business had on natural resources for each month.

**18. Business amortization**

Write in the total loss of value your business had on intangible (nonphysical) assets, such as trademarks, patents, or copyrights, for each month.

**19-21. Other business expenses – specify**

If you had expenses that you did not put in the other fields, write in the total amount of the expense for each month. Also, briefly tell us about the expense. Some examples of expenses you could put in this field are bank fees, breeding costs, plant costs, or the total amount of interest paid each month as part of loan payments for income producing real estate, capital assets, capital equipment, and durable goods.

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

02/15/2023