

### SELF-EMPLOYMENT WORKSHEET

<b>A. APPLICANT'S NAME</b>		<b>B. SOCIAL SECURITY NO.</b>	
<b>C. BUSINESS NAME</b>		<b>D. TELEPHONE NO.</b>	
<b>E. BUSINESS ADDRESS (No. and Street)</b>		<b>(City/or Town)</b>	<b>(Zip Code)</b>
<b>F. MAIN BUSINESS ACTIVITY</b>			
<b>G. ACCOUNTING METHOD (check appropriate box)</b> <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (specify) _____		<b>H. TIME COVERED BY REPORT (last 6 or 12 full calendar months)</b> From ___/___/___    To ___/___/___	
<b>I. INCOME</b>			
1. a. Gross receipts or sales.....	.....		
b. Returns and allowances.....	.....		
c. Balance (subtract 1b from 1a).....	.....		
2. Cost of goods sold (taken from Part J, line 10 below).....	.....		
3. Cost of operations (taken from Part K, line 15 below).....	.....		
4. Gross profit (subtract the sum of lines 2 and 3 from line 1c).....	.....		
5. Other Income (specify).....	.....		
6. TOTAL INCOME (add lines 4 and 5).....	.....		
<b>J – COST OF GOODS SOLD</b>			
7. Inventory at beginning of period.....	.....		
8. a. Purchases.....	.....		
b. Cost of items withdrawn for personal use.....	.....		
c. Balance (subtract line 8b from 8a).....	.....		
9. Inventory at end of period.....	.....		
10. Cost of goods sold (subtract line 9 from the sum of lines 7 and 8c).....	.....		
<b>K – COST OF OPERATIONS</b>			
11. Cost of labor (do not include salary paid to yourself or other household members).....	.....		
12. Insurance.....	.....		
13. Rent / mortgage (if business address is different than residential address).....	.....		
14. Utilities / telephone (if business address is different than residential address).....	.....		
15. Cost of operations (add lines 11 through 14).....	.....		

I HEREBY CERTIFY that all the information presented above on this "WORKSHEET" is true and complete to the best of my knowledge and belief and that I understand that the provision of false, fraudulent or misleading information is punishable by law.

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY

\_\_\_\_\_

\_\_\_\_\_

DATE NOTARIZED \_\_\_\_\_

NOTARY EXPIRATION DATE \_\_\_\_\_

**SEAL**

\_\_\_\_\_

**PREPARER'S INSTRUCTION FOR SELF-EMPLOYMENT WORKSHEET**

THE PURPOSE OF THE SELF-EMPLOYMENT WORKSHEET IS TO PROVIDE A METHOD OF COMPUTING INCOME FOR THOSE INDIVIDUALS WHO OPERATE A BUSINESS AND WHOSE INCOME IS DERIVED FROM THEIR OWNERSHIP OF THAT BUSINESS, BUT ARE NOT SALARIED BY THAT BUSINESS. THOSE INDIVIDUALS WHO ARE SALARIED BY THEIR BUSINESS ARE TO BE TREATED AS ANY OTHER EMPLOYED INDIVIDUAL.

THIS FORM MUST BE BASED SOLELY WITH THOSE ITEMS DIRECTLY RELATED TO YOUR BUSINESS. IN ORDER FOR THIS WORKSHEET TO BE ACCEPTABLE YOU MUST HAVE IT "NOTARIZED" WHEN IT HAS BEEN COMPLETED.

**GENERAL DATA SECTION:****A. APPLICANTS NAME**

ENTER YOUR NAME – LAST NAME FIRST

**B. SOCIAL SECURITY NUMBER**

ENTER YOUR SOCIAL SECURITY NUMBER

**C. BUSINESS NAME**

ENTER THE LEGAL NAME OF YOUR BUSINESS AS IT IS ON FILE WITH THE STATE DEPARTMENT OF REVENUE SERVICES (TAX DEPARTMENT).

**D. TELEPHONE NUMBER**

ENTER THE TELEPHONE NUMBER OF YOUR BUSINESS.

**E. BUSINESS ADDRESS**

ENTER THE COMPLETE ADDRESS OF YOUR BUSINESS. USE YOUR HOME ADDRESS ONLY IF YOU ACTUALLY CONDUCT YOUR BUSINESS FROM YOUR HOME.

**F. MAIN BUSINESS ACTIVITY**

ENTER THE BUSINESS ACTIVITY THAT ACCOUNTS FOR YOUR INCOME. GIVE THE GENERAL FIELD AS WELL AS THE PRODUCT OR SERVICE (EXAMPLE: "WHOLESALE-GROCERIES" OR "RETAIL-HARDWARE" OR "PROFESSION-BARBER").

**G. ACCOUNTING METHOD**

CHECK THE APPROPRIATE BOX. IF "OTHER" IS MARKED, INDICATE THE ACCOUNTING METHOD USED.

**H. TIME PERIOD COVERED BY REPORT**

YOU MAY COMPLETE THIS FORM FOR EITHER THE 6 OR 12 MONTH FULL CALENDAR MONTHS IMMEDIATELY PRIOR TO THE DATE OF YOUR ENERGY APPLICATION.

**INCOME COMPUTATION SECTION:**

**I. INCOME**

**1a. GROSS RECEIPTS OR SALES**

ENTER THE AMOUNT OF THE GROSS RECEIPTS FROM YOUR BUSINESS.

**1b. RETURNS AND ALLOWANCES**

INCLUDING ITEMS SUCH AS SALES RETURNS, REBATES, AND ALLOWANCES FROM THE GROSS SALES.

**1c. BALANCE**

SUBTRACT LINE 1b FROM 1a AND ENTER THE RESULTS ON THIS LINE.

(THIS REPRESENTS NET SALES)

**2. COST OF GOODS SOLD**

COMPLETE PART J OF THE FORM AND ENTER THE RESULTS ON THIS LINE.

**3. COST OF OPERATIONS**

COMPLETE PART K OF THE FORM AND ENTER THE RESULTS ON THIS LINE.

**4. GROSS PROFIT**

SUBTRACT THE SUM OF LINES 2 AND 3 FROM LINE 1c.

**5. OTHER INCOME (BUSINESS RELATED ONLY)**

INCLUDE ONLY INCOME, SUCH AS AMOUNTS RECOVERED FROM BAD DEBTS, INTEREST AND OTHER KINDS OF MISCELLANEOUS INCOME, DERIVED FROM THE BUSINESS.

**6. TOTAL INCOME**

ENTER THE TOTAL OF LINES 4 AND 5. THIS REPRESENTS YOUR TOTAL INCOME.

**CERTIFICATION**

THIS FORM IS VALID ONLY IF "NOTARIZED".

DO NOT COMPLETE THIS SECTION OF THE FORM UNTIL YOU ARE BEFORE A NOTARY PUBLIC.