



Self-Employment Income Worksheet

For Internal Agency Use Only

This form is to be used when staff are obtaining self-employment information through phone contact with the consumer.

Business Income

Tell us about your business income.

Name of Self-employed person	
Case Number	
Type of Business	
Name of Business	
Date Business Started	

Please list the amount of gross income for each of the months listed. Note: Gross income is the total before you pay expenses.

Month	Gross Monthly Income	Month	Gross Monthly Income
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Signature: This worksheet must be signed and dated by the eligibility worker that is completing this form.

Signature Date

If you need assistance completing this form, please call KanCare at 1-800-792-4884 between the hours of 8 AM and 5 PM Monday through Friday.

Business Expenses

Tell us about your business expenses.

There are many types of business expenses. You might not have all of these. List the amount you have for each category below. If you don't have that expense, leave the box blank. Put the amount of the expense for every month listed.

Month												
Type of Expense	Amount											
Advertising												
Car and truck expenses												
Commissions and fees												
Contract Labor												
Depletion												
Depreciation												
Employee benefit programs												
Insurance												
Interest												
Legal and professional services												
Office expenses												
Pension and profit-sharing plans												
Rent or lease												
Vehicles, machinery, and equipment												
Other business property												
Repairs and maintenance												
Supplies												
Taxes and Licenses												
Travel, meals, and entertainment												
Utilities												
Wages												
Other: _____												
Other: _____												

For more information related to allowable self-employment expenses, please visit the Internal Revenue Service's website at www.irs.gov.

Rental Property Expenses

Tell us about your rental property expenses. If you have more than one property, add the expenses together and give us one amount.

There are many types of business expenses. You might not have all of these. List the amount you have for each category below. If you don't have that expense, leave the box blank. Put the amount of the expense for every month listed.

Month												
Type of Expense	Amount											
Advertising												
Auto and travel												
Cleaning and maintenance												
Commissions												
Insurance												
Legal and other professional fees												
Management fees												
Mortgage interest paid to banks, etc.												
Other Interest												
Repairs												
Supplies												
Taxes												
Utilities												
Depreciation or depletion												
Other: _____												
Other: _____												
Other: _____												

For more information related to allowable self-employment expenses, please visit the Internal Revenue Service's website at www.irs.gov.

Farming Expenses

Tell us about your farming expenses.

There are many types of business expenses. You might not have all of these. List the amount you have for each category below. If you don't have that expense, leave the box blank. Put the amount of the expense for every month listed.

Month												
Type of Expense	Amount											
Car and truck expenses												
Chemicals												
Conservation expenses												
Custom hire (machine work)												
Depreciation												
Employee benefit programs												
Feed												
Fertilizers and lime												
Freight and trucking												
Gasoline, fuel, and oil												
Insurance (other than health)												
Interest												
Labor hired												
Pension and profit-sharing plans												
Rent or lease												
Repairs and maintenance												
Seeds and plants												
Storage and warehousing												
Supplies												
Taxes												
Utilities												
Veterinary, breeding, and medicine												
Other: _____												
Other: _____												

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