W-38 (Rev. 7/08)

     

Client Name Date

      Program(s)

###### Client ID#

Please use this form to **list the gross income, business expenses, and net income after business expenses** from your self-employed business**. Do not include any depreciation** as a business expense**. A list of common business expenses** that can be considered **is listed on the back of this form.** Please **sign** and **date the form** at the bottom and **return** it to the Department by       so that the department can process your case for medical assistance.

If you have any questions about how to fill out this form, please call the benefit center at 1-855-626-6623.

For the last **12 months**, list the following information from your business:

* business name, address and type of business;
* the dates of the **12 month period** of time that you are reporting. If the information is for less than **12 months** because you have not been self-employed for the last year, indicate the period of time that the income is from;
* your **gross** business income / receipts before expenses or deductions;
* your business expenses. Please explain any entries listed in the “other” column.

Please note that **you cannot list depreciation as a business expense;**

* your **net income** (gross business income/receipts minus business expenses).

If your yearly federal tax return is three (**3) months old or less**, you can supply a copy of your federal tax return (including your form 1040 and your Schedule “C”) instead of completing this form. You may also supply us with your self-employed income information without using this form. Instead, you may write the information on a separate piece of paper that you sign and date. You may use a separate piece of paper as long as you include all the information that this form is requesting.

1. Business Name
2. Type of Business
3. Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. The 12-month period of time this income covers is from to .

(month / year) (month / year)

1. If your self-employment is for less than 12 months, the period of time the income is for is from

\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(month / year) (month / year)

1. **Gross Business Receipts** (before deductions or expenses)

For the time period listed on the other page (item 4 or 5), please state your gross business income/receipts:$

**(OVER PLEASE**)

1. **Business Expenses**

### For the time period listed on the other page (item 4 or 5), please list your business expenses below. **(**Please note**, depreciation cannot be listed.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Cost of Goods Sold (excluding wages) | $ | Rent/Lease -- Other  Business Property | $ |
| Advertising | $ | Repairs & Maintenance | $ |
| Car & Truck Expenses | $ | Supplies | $ |
| Commissions & Fees | $ | Taxes & Licenses | $ |
| Employee Benefits  Programs  (e.g. retirement plan contributions and health insurance premiums for employees, etc.) | $ | Travel  (for business related  travel only) | $ |
| Insurance (not Health)  (workers compensation, liability insurance payments etc.) | $ | Business Meals &  Entertainment X 50% | $ |
| Interest – Mortgage  (for business related property only) | $ | Utilities | $ |
| Interest -- Other | $ | Wages of Employees | $ |
| Employee Pension and Profit Sharing Plans | $ | Legal & Professional Services | $ |
| Rent/Lease -- vehicles, machinery, equipment | $ | Other Expenses  (please detail) | $ |
|  | | **Total of All Expenses** | **$** |

1. **Net Business Income**

Please state **your net business income, after expenses are deducted:**

(item 6 minus the total from item 7)

divided by months = countable income/mo.

**Please read** and **sign the statement listed below.** Then **return** this form **to DSS.**

I certify that the information on this form is true to the best of my knowledge. I understand that if I have knowingly given incorrect information, I may be subject to the penalties for false statements as specified in the Connecticut General Statutes Section 53a-157b and 17b-97 and the penalties for larceny as specified in Section 53a-123. I also may be subject to penalties for perjury under federal law.

Client Signature Business Owner’s Signature (if not the client)

Witness’ Signature (if signed with an X) or Helper Date

**Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at**

**1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.**