

SELF-EMPLOYMENT INCOME REPORT

For Office Use Only:

This page is to be completed by the Income Maintenance worker to compare against the applicable AG Budget outcome(s) for this business after self-employment entry into CWW.

FoodShare (FS) Countable Income:	
1. Net Business Income (Line 24 of F-00107)	\$ _____
2. Depreciation and Depletion (Lines 18 and 19 of F-00107) <i>If negative, enter zero.</i>	+ \$ _____
3. Countable Income (Line 1 plus line 2 above)	= \$ _____
4. <i>If ownership of corporation or partnership is less than 100%, multiply line 3 above by % of business owned by AG.</i>	<i>Complete this step only if applicable:</i> Total from Line 3 above \$ _____ X % ownership X _____ % = FS Countable Income \$ _____

Medicaid for the Elderly, Blind or Disabled (MA) Countable Income:	
1. Net Business Income (Line 24 of F-00107)	\$ _____
2. Disallowed expense of purchase of income producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets). (Lines 20 and 21 of F-00107)	+ \$ _____
3. Countable Income (Add lines 1 and 2 above).	= \$ _____
4. <i>If ownership of corporation or partnership is less than 100%, multiply line 3 above by % of business owned by AG.</i>	<i>Complete this step only if applicable:</i> Total from Line 3 above \$ _____ X % ownership X _____ % = MA Countable Income \$ _____

BadgerCare Plus (BC+) and MAGI Countable Income:	
1. Net Business Income (Line 24 of F-00107) BC+ MAGI countable income	\$ _____
2. Disallowed expense of purchase of income producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets). (Lines 20 and 21 of F-00107)	+ \$ _____
3. Depreciation (Line 17 of F-00107) <i>If negative, enter zero.</i>	+ \$ _____
4. Countable Income (Add lines 1, 2, and 3 above).	= \$ _____
5. <i>If ownership of corporation or partnership is less than 100%, multiply line 4 above by % of business owned by AG.</i>	<i>Complete this step only if applicable:</i> Total from Line 4 above \$ _____ X % ownership X _____ % =BC+ Countable Income \$ _____

Note: If applicable, 2nd income test using IM income without depreciation added back into the income will appear as follows:

Total of Line 4 above (or 5 if applicable) \$ _____
 Less Depreciation Expense* (Line 3 above) - \$ _____
 BC+ 2nd Income Test Outcome = \$ _____

**Multiply by percent ownership if less than 100% of business is owned by AG.*

Note: When using multiple months of SEIRFs to calculate average, enter the average of all SEIRFs completed by the member for this business when completing lines on this page of worksheet. This page only needs to be completed once to calculate the average of all SEIRFs completed by a member for a business.