WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-00219 (06/2019)



SELF-EMPLOYMENT INCOME REPORT: FARM BUSINESS

The information you provide on this form will only be used to see if you meet the income rules for programs such as BadgerCare Plus, FoodShare, or Medicaid for the Elderly, Blind, or Disabled. This 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.

See the Self-Employment Income Report: Farm Business Completion Instructions, F-00219A, at www.dhs.wisconsin.gov/library/F-00219.htm for information on filling out this form.

SECTION 1	BECTION 1 Personal Information							
Name – Individual (Last, First, MI)						lumber		
SECTION 2 Business Information								
Name – Business Type – Business				usiness				
Street Address			1					
City				State	Zip Code			
Business Start Date Date of Significant Change (if applicable) Percent of Business Owned by					wned by I	ndividual		
SECTION 3 Signature and Date								
By signing this form, you are saying that the information you provided is correct and complete to the best of your knowledge.								
SIGNATUR	E					Date Signed		

SECTION 4

Business Income and Expenses (include income and expenses for the whole business)



Мс	onth of operation:			
Ye	ar of operation:			
	mber of hours individual worked for business during onth of operation:			
	Gross Business Income	Amount	Amount	Amount
1.	Gross receipts and/or sales			
2.	Other income – specify:			
В.	Gross Business Expenses	Amount	Amount	Amount
1.	Veterinary, medicine, and breeding			
2.	Fertilizers, lime, and chemicals			
3.	Feed, seeds, and plants			
4.	Storage and warehousing			
5.	Cost of livestock purchased for resale			
6.	Gasoline, fuel, and oil			
7.	Conservation			
8.	Custom hire (machine work) and hired labor			
9.	Wages and commissions paid to employees			
10.	Employee benefit programs, pensions, and profit sharing			
11.	Travel			
12.	Vehicle			
13.	Rent or lease			
14.	Repairs and maintenance			
15.	Telephone and utilities			
16.	Materials and supplies			
17.	Freight			
18.	Legal and professional fees			
19.	Advertising, dues, and publications			
20.	Taxes (does not include income taxes)			
21.	Insurance			

F-00219 Page 2 of 3

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В.	Gross Business Expenses	Amount	Amount	Amount
22.	Purchase price of income-producing real estate, capital assets, capital equipment, and durable goods			
23.	Principal payment on loans for the purchase of income- producing real estate, capital assets, capital equipment, and durable goods			
24.	Depreciation			
25.	Depletion			
26.	Amortization			
27.	Other expenses – specify:			
28.	Other expenses – specify:			
29.	Other expenses – specify:			

F-00219 Page 3 of 3