WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-16036 (03/2024)



SELF-EMPLOYMENT INCOME WORKSHEET: PARTNERSHIP (SCHEDULE K-1 [FORM 1065] AND FORM 1065)

INSTRUCTIONS: Complete all the fields on this worksheet. If a line on the Schedule K-1 (Form 1065) or Form 1065 is left blank, enter a zero on this worksheet. If a statement is provided for line 21 of Form 1065 that does not specify an expense listed on this worksheet, enter a zero on this worksheet.

Indicate percentages as a decimal to the ten thousandth place. Do **not** round. For example, for 33.337%, enter .3333. Indicate negative numbers (losses) with a minus sign. For example, for a \$100 loss, enter -100.

All completed worksheets must be retained in the individual's case record.

Name – Self-Employed Individual		Case Number				
Name – Business		Tax Year Filing				
Percentage of Business Owned (Schedule K-1 [Form 1065] lin	ne J)					
Number of Months Business Was in Operation During Tax Year (Enter 12 unless otherwise specified on Form 1065 line E.)						
Name – Worker	Worker's ID	Date Completed				
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A. PERSONAL INCOME FROM BUSINESS

Income		Schedule K-1 (Form 1065)	Amount	
1	Ordinary business income	Line 1		
2	Net rental real estate income or loss	Line 2		
3	Other net rental income or loss	Line 3		
4	Guaranteed payments	Line 4		
5	Interest income	Line 5		
6	Ordinary dividends	Line 6a		
7	Royalties	Line 7		
8	Net short-term capital gain or loss	Line 8		
9	Net long-term capital gain or loss	Line 9a		
10	Unrecaptured section 1250 gain	Line 9c		
11	Net section 1231 gain or loss	Line 10		
12	Other income or loss	Line 11		
13	Total gross income If positive, enter in the Gross Income field on the Self- Employment page in CWW. If negative, enter in the Gross Income (If Loss) field.	N/A		

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B. BUSINESS EXPENSES

Exp	ense	Form	Line	Amount From Tax Form	Individual Amount (Enter on Self-Employment page.)
1	Total depreciation	Schedule K-1 (Form 1065)	12		
		1065	16c		
2	Depletion	1065	17 (if specified)		
3	Amortization	1065	21 (if specified)		
4	Federal, state, and local income tax	1065	21 (if specified)		
5	Charitable donations	1065	21 (if specified)		
6	Guaranteed payments to partners	1065	10		
7	Employer work-related personal expenses	1065	21 (if specified)		
8	Work-related personal expenses	1065	21 (if specified)		
9	Principal payments on loans	1065	21 (if specified)		
10	Total gross expenses		N/A	A	