

Self Employment Income Worksheet

Self Employed Applicants Name: _____
 Home Address: _____
 Home Phone#: _____ Business Phone#: _____
 Business Name: _____
 Business Address: _____

**NOTE: Expenses may only be deducted from the income if a
copy of the receipt is included.**

Allowable expenses that can be deducted from income are listed below within the worksheet.

Tacoma Public Utilities does not allow the same business deductions as the IRS.

Income:	Months:		
1. Gross Business Revenue			
2. Other Income (specify sources)			
3. Total Gross Income (sum of lines 1-2)			
Expenses:			
4. Cost of Goods Sold			
5. Advertising			
6. Business Insurance, Licenses and Permits			
7. Medical Insurance Premiums (for medical plans paid under this business)			
8. Professional Fees(such as legal, accounting, consulting)			
9. Office Supplies			
10. Equipment (purchases and/or rental costs)			
11. Equipment Repairs/Maintenance			
12. Wages & Salaries(only gross wages pd. to employees)			
13. Payroll Taxes (related to wages pd. To employees)			
NOTE: For places of business in the home we do NOT allow deductions 14-16.			
14. Office Rent/Mortgage (NOT IN PERSONAL HOME)			
15. Telephone			
16. Utilities			
17. Transportation Costs (the larger amount of Option #1 or Option #2)			
a. Total Business Miles Driven			
b. Total Miles Driven (total miles driven for both business and personal use)			
c. Percentage of Miles Driven for Business (divide the miles in line "a" by line "b")			
i: Gasoline, Oil....			
ii: Tires, Maintenance and Repairs....			
iii: Vehicle Insurance, License and Registration Fees.....			
d. Total Itemized Transportation Costs (sum of lines i-iii)			
Option #1: Multiply line "a" by the stand. mil. rate of \$0.55 per mile (as of 1/1/09)			
Option #2: Multiply line "d" by the percentage of business miles driven in line "c".			
18. Total Expenses: (sum of lines 4-17)			
☐ No receipts provided to verify deductions: Use Option #1-Standard \$100 deduction per mo.			
19. Total Net Profit (line 3 minus line 18)			
19a. NOTE: If a loss occurred in any of the months, the income will be counted as ZERO.			
USE THESE FIGURES ON THE WORKSHEET ↑↑↑↑	↑↑	↑↑	↑↑

I declare this information is true and correct. I understand that I am signing this form under penalty of criminal prosecution if I knowingly give false information which results in assistance for which I am not eligible. **Self employed applicant signature:** _____

Staff name: _____ Phone# _____ Date: _____

☐ I saw and verified receipts for all three months of deductions. Only one month has been copied and retained in the file.