This form is to record income and expenses for self-employment income. It is to be used only when other business or tax records are unavailable. This information is confidential and will be used only to determine your eligibility for public assistance benefits. It cannot be released without your written consent. However, the Department of Social Services may contact sources listed on this form to verify the information.

Part I is a record of income from your business. Part II is a record of your business expenses. Complete this form as

income is received and as expenses are paid. Unless this information is complete, Medicaid eligibility cannot be determined and Medicaid benefits may be stopped.							
I,		ding this written statement of my income and expenses from my s for the period beginning and ending					
* * * * * *	******						
I. PART I – INCOME							
<u>Date</u>	Amount	Source (Include name and address of customer)					

		
_		
_		
*****	******	********
		II. PART II – EXPENSES
_		
<u>Date</u>	<u>Amount</u>	Type of Expense/Source
		
I hereby declare that for the period show	at the above informat n.	ion on my business income and expenses to be true, complete and accurate
		Signature of Applicant/Beneficairy

III. CONTINUATION SHEET PART I – INCOME

<u>Date</u>	<u>Amount</u>	Source (Include name and address of customer)
		
		
		
		
	_	
		
		
		
		
		
	(Applicant/Beneficia	ary's
	Initials) (Date)	

IV. CONTINUATION SHEET PART II – EXPENSES

<u>Date</u>	<u>Amount</u>	Type of Expense/Source
		
		
		
	(Applicant/Beneficiary	r's
	Initials) (Date)	