



## REPORT OF SELF-EMPLOYMENT EARNINGS

I. Client Name \_\_\_\_\_

Client Address: \_\_\_\_\_

POD Address: 677 Queen Street, Room 400A, Honolulu, HI 96813

Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer all questions for \_\_\_\_\_, sign date and return the form to your Case Manager by:  
(month/year)

\_\_\_\_\_ **SUBMIT APPROPRIATE VERIFICATION FOR ALL QUESTIONS MARKED WITH AN ASTERISK (\*).**  
(suspense date)

II. Self-Employed Person: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Principal Place of Business: \_\_\_\_\_

III. Answer the following questions by placing a check (✓) mark in one of the two blocks after the questions. Based on your responses, determination will be made as to whether or not you meet the conditions of a self-employed person.

	<u>Yes</u>	<u>No</u>
1. I cannot be discharged from my job by someone else.	_____	_____
2. I am not an employee of an agency or organization.	_____	_____
3. I report income to the IRS as a self-employed person.	_____	_____
4. I report income to the State of Hawaii as a self-employed person.	_____	_____
(*) 5. I am subject to self-employment Social Security taxes.	_____	_____
(*) 6. I pay employer and employee's share of Social Security taxes as a self-employed person. (Answer only if you have employees.)	_____	_____
7. I have a valid current State of Hawaii General Excise License.	_____	_____

Note: The business is not considered self-employment if it is a corporation. If you are an owner, i.e., stock or shareholder of a corporation, submit verification of the total value of your stock or share and your monthly dividend amount.

**FOR UNIT USE ONLY**  
(How Verified)

Federal I.D.No:

General Excise Lic. No.:

**FOR AGENCY USE ONLY**

(\*) IV. Gross Self-Employment Income ..... \$ \_\_\_\_\_  
Business Expenses:

Note: Do not list personal expenses and taxes that you pay on your net income, i.e., self-employment or Social Security, Federal, State. However, if you have employees, list the salary, types and amounts of taxes you pay on their behalf in this section. (You cannot be an employee of your business).

Expenses verified by:

(\*) General Excise License Fee ..... \$ \_\_\_\_\_

(\*) General Excise Tax  
( \_\_\_\_\_ )% of gross income ..... \$ \_\_\_\_\_

(\*) Other (list business expenses):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Less Total Expenses ..... \$ \_\_\_\_\_

NET EARNED INCOME ..... \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date