

## Facts About Self-Employment Income

**Self-employment income is any money you make working for yourself or as a subcontractor.**  
**If you have an employer who pays you and takes out taxes, you're not self-employed.**

**You might be self-employed if you are a:** babysitter, landscaper, day laborer, house cleaner, hair stylist, auto mechanic, or person who makes money from sales, crops, leases, commissions, fees, or anything you do or sell.

If anyone on your benefits case gets money from self-employment, you need to: (1) fill out this form and return it to us and (2) send proof of the facts you give on this form: receipts, invoices, or other papers (all original items sent with this form will be returned to you).

You also can send proof of the facts you give on this form by uploading your papers and forms on the **Your Texas Benefits Mobile App**, or our website, [YourTexasBenefits.com](http://YourTexasBenefits.com).



**If you use this form to show your self-employment income:**

- Answer all questions and sign and date at the bottom. This is your sworn statement of income.
- You can ask another person to help you fill out this form, but that person also must sign this form.
- Use more sheets of paper if you need to. You must sign and date each sheet.

1. Name (person getting money from self-employment): \_\_\_\_\_

2. What type of work do you do to earn this money? \_\_\_\_\_

3. How many hours do you work each week? \_\_\_\_\_

4. Fill out the table below to tell us how much money you get from self-employment.

- Tell us about money from self-employment from the past 2 months. If you don't get paid every month, tell us about your most recent payments.
- List the date you were paid, who paid the money, and the amount paid.
- Add the income amounts and enter the total in the box "Total self-employment income."

**How to fill out the table:**

Date	Who paid this money	Amount paid
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total self-employment income:</b>		\$

5. Fill out the table below to tell us how much it costs for you to work (self-employment expenses).

## **Expenses can include:**

- Advertising (signs, flyers).
  - Business property.
  - Business rent and utilities.
  - Costs of labor (list each person and the amount you paid them).
  - Equipment.
  - Interest paid on business loans.
  - Materials used to make a product.
  - Operating supplies.
  - Professional fees, legal fees, licenses and permits.
  - Repairs to business equipment or vehicles.

### **Expenses can't include:**

- Rent, taxes, utilities, or interest on mortgage for your business if it operates out of your home (unless these costs are separate from the costs of your home).
  - The cost of goods you buy for the business, but use yourself.

## **How to fill out the table:**

- Tell us about expenses from the past 2 months.
  - If you don't pay an expense every month, tell us about your most recent expenses.
  - List the date of the expense, the type of expense, and the amount of the expense.
  - Add the expenses and enter the total in the box "Total self-employment expenses."

Date	Type of expense	Amount paid
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total self-employment expenses:</b>		\$

**Reminder ►** Send proof of the facts you gave on this form: receipts, invoices, or other papers.

**Who must sign ►** The form must be signed by the person getting self-employment income or their spouse or authorized representative. Anyone can help you fill out the form, but that person also must sign this form.

**By signing below, I agree that:** The answers on this form are true and complete to the best of my knowledge.

If they aren't, I know I might: (1) be charged with a crime, and (2) have to repay benefits.

### **Signature of person getting self-employment income**

Date

**Signature of anyone helping you fill out this form**

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Date

In most cases, you can see and get facts HHSC has about you. This includes facts you give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.). You might have to pay to get a copy of these facts. You can ask HHSC to fix anything that is wrong. You do not have to pay to fix a mistake. To ask for a copy or fix a mistake, call 2-1-1 or 877-541-7905 (after you pick a language, press 2).

For Agency Use Only

Case No. Case Name