

REPORT OF SELF-EMPLOYMENT EARNINGS

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|---|--|---|
| I. | Case Name: | Case No. |
| | EB Worker Name: | EB Unit Phone: |
| | EB Unit Address: | |
| The individual who is self-employed shall answer all questions below, sign and date the form. The Applicant/Beneficiary shall return the form to EB Unit Address listed above. | | |
| Submit appropriate verification for all questions marked with an asterisk (*) | | |
| II. | Self-employed person: | Name of business: |
| | Nature of business: | Principal place of business: |
| III. | Answer the following questions by checking "YES" or "NO" after the question. Based on your responses, a determination will be made whether you meet the conditions of a self-employed person. | |
| 1. | I sell a service or product for profit. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | I am independently responsible for obtaining or providing a service or product. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | I have independent costs and expenses to provide a service or product. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. | I independently determine the manner, method and process of this business, which affects its success or failure. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. | (*) I paid a general excise license fee. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. | (*) I pay employer and employee's share of social security taxes as a self-employed person. (answer only if you have employees). | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. | I have a valid current state of Hawaii general excise license. No: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Note: The business is not considered self-employment if it's a corporation. If you are an owner, i.e. stock or shareholder of a corporation, submit verification of the total value of your stocks or share and your monthly dividend amount. | | |
| IV. | Month/Year: | (*) Gross self-employment income \$ |
| | Business Expenses-Do not list personal expenses and taxes (i.e. self-employment, social security, federal, state) that you pay. However if you have employees, list the salary, types and amounts of taxes that you pay on their behalf in this section. (You cannot be an employee of your own business). | |
| a. | (*) General Excise License Fee | \$ |
| b. | (*) General Excise Tax | \$ |
| c. | (*) Other (list business expenses) | |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total Expenses | \$ - |
| | Net earned income | \$ |
| | Signature of Self Employed Person | Date |
| FOR AGENCY USE ONLY (How Verified) | | |
| | Eligibility Worker Name: | Date: |
| | Federal ID No/General Excise License No: <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenses Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No |

FORM PURPOSE:

The DHS 1109, "Report of Self-Employment Earnings" form shall be completed by the self-employed applicant/beneficiary in order to provide uniform, consistent reporting of self-employment earnings.

FORM INSTRUCTIONS:

The self-employed applicant/beneficiary shall complete Section II, Section III and Section IV.

1. Section III. Check "Yes" or "No". For number 7, enter your G.E. License number and provide a copy.
2. Section IV. Write in \$ amounts and list business expenses for specified month/year as applicable. Please attach supporting documentation for income and business expense listed in Section IV.
3. Form shall be signed and dated by the self-employed applicant/beneficiary.
4. Upon completion of this form, return the original to your assigned eligibility worker. You may also contact Customer Service at 524-3370 or for your neighbor islands 1-800-316-8005, (TTY/TDD 711) for additional information. You may keep a copy of this form for your records.

For Self-employed Applicant/Beneficiary information:

- a. **Gross self-employment income**-is the total amount of income received for the month before any business expenses are deducted.
- b. **General Excise Tax (GET)**-is the tax the self-employed applicant/beneficiary must pay on his gross earnings to the Hawaii State Tax Collector. The percentage of tax owed is dependent upon the nature of self-employment.
- c. **General Excise License Fee**-registration fee for a GET license.
- d. **Business Expenses**-are all non-personal expenses related directly to the business such as rent, utilities, repairs to equipment, insurance, etc.