



SELF EMPLOYMENT EARNINGS

NAME: _____ DATE: _____

COMPANY NAME: _____

NATURE OF BUSINESS: _____

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE 'YES' OR 'NO' BLOCK AFTER THE QUESTION. BASED ON YOUR RESPONSES A DECISION WILL BE MAKE WHETHER YOU MEET THE CONDITIONS OF A SELF-EMPLOYED PERSON:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. I sell a service or product for a profit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am independently responsible for obtaining or providing providing a service or product. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have independent costs and expenses to provide a service or product. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I independently determine the manner, method and process of the business, which affects its success or failure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I paid a General Excise License Fee. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| 7. I have a valid current State of Hawaii General Excise Tax License. | <input type="checkbox"/> | <input type="checkbox"/> |

	BUSINESS EXPENSES <i>(From January 2017 to day of application)</i>	TOTAL GROSS INCOME EARNED <i>(From January 2017 to day of application)</i>	FOR AGENCY USE ONLY <i>(How did you verify earnings & expenses)</i>
GROSS SELF-EMPLOYMENT INCOME		\$ _____	TYPE OF DOCUMENTS:
BUSINESS EXPENSES: NOTE: 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). GENERAL EXCISE TAX LICENSE FEE GENERAL EXCISE TAX (% OF INCOME) OTHER (LIST BUSINESS EXPENSES) 1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____ 4. _____ \$ _____ 5. _____ \$ _____ 6. _____ \$ _____ 7. _____ \$ _____ TOTAL EXPENSES \$ _____			Expenses Verified By:
NET EARNED INCOME		\$ _____	

(SIGNATURE OF SELF EMPLOYED PERSON)

(DATE)