

REPORT OF SELF-EMPLOYMENT EARNINGS

I. CASE NAME: _____ CASE NO.: _____

ANSWER ALL QUESTIONS BELOW FOR (MM/YY): _____, SIGN AND DATE THE FORM AND RETURN

TO YOUR CASE WORKER BY: _____, AT: _____
(suspense date: m/d/yy)

WORKER: _____ (IM Unit Address)

PHONE: _____

SUBMIT APPROPRIATE VERIFICATION FOR ALL QUESTIONS MARKED WITH AN ASTERISK (*).

II. SELF-EMPLOYED PERSON: _____ NAME OF _____

NATURE OF BUSINESS: _____ PRINCIPAL PLACE OF BUSINESS: _____

III. ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE 'YES' OR 'NO' BLOCK AFTER THE QUESTION. BASED ON YOUR RESPONSES, A DETERMINATION WILL BE MADE WHETHER YOU MEET THE 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 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 THIS 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 LICENSE. | <input type="checkbox"/> | <input type="checkbox"/> |

FOR AGENCY USE ONLY	
(HOW VERIFIED)	
	DATE:
	FEDERAL I.D. NO:
	G E LIC: W

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 STOCKS OR SHARES AND YOUR MONTHLY DIVIDEND AMOUNT.

