

# HEAT Program

## State of Utah

### Department of Workforce Services

## Self-Employment Information Sheet

Please use a black pen to complete this form.

HEAT Case #: \_\_\_\_\_ HEAT Agency: \_\_\_\_\_

Self-Employed Person: \_\_\_\_\_

Business Name: \_\_\_\_\_

1.	Is your business incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, do you own stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you file taxes as an 'S' Corp.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you sole owner of your business? (If yes, go to #3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your business a partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you a limited partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What is your percentage of ownership?		%
3.	Does your business involve rental/lease income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	What date did you start doing business?		
	Are you involved in the day-to-day decisions of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you consider yourself actively engaged in your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is your business in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what percentage of your home is regularly & exclusively used for business?		%
	Is your business a day care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what percentage of your home is used for day care?		%
6.	Do you use a vehicle in your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, is it used only for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, what percentage is used for business?		%
7.	Do you have a separate business phone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**The above is a correct statement of my self-employment information.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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Department of Workforce Services  
**Self-Employment Information Sheet**

Please use a black pen to complete this form.

Self-Employed Person: \_\_\_\_\_

HEAT Case Name: \_\_\_\_\_

HEAT Case #: \_\_\_\_\_ HEAT Agency: \_\_\_\_\_

Business Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

The attached ledger is used to report the self-employment/odd job income you receive each month. You must report the gross income (before expenses) received in the month you indicated above. A Self-Employment Ledger must be completed for each month requested.

You have two options for expenses you may deduct from your gross Self-Employment income. Please indicate your choice below.

I have no expenses\*

Actual expenses\*\*

\* No Expenses: If you choose no expenses, you do not need to complete the expense section of the ledger.

\*\* Actual Expenses: If you choose to claim your actual expenses, you must complete the expense section of the attached ledger. List business expenses only.

With my signature, I certify I have listed all income and expenses. I also certify that I have receipts or some type of verification on file for all listed income and expenses reported on this form.

I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief, is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Self-Employment Information Sheet LEDGER

HEAT Case #: \_\_\_\_\_ HEAT Agency: \_\_\_\_\_

Self-Employed Person: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Please report each month separately or use a separate ledger for each month.

BUSINESS GROSS INCOME (Money Received)			BUSINESS EXPENSES		
Date Received	Source of Income	Amount Received	Date	Type of Expense	Amount Paid

Total Monthly Business Gross Income: \_\_\_\_\_ Total Monthly Business Expenses: \_\_\_\_\_

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