

## Sample Self-Employment Income and Expense Statement

The figure below shows the Michigan Department of Health and Human Services customer intake form for determining income from self-employment, [Form DHS-431: Self-Employment Income and Expense Statement](#). Michigan allows applicants to choose a standard deduction of 25 percent or to itemize expenses if they are over 25 percent.

### SELF-EMPLOYMENT INCOME AND EXPENSE STATEMENT

Please provide all requested information about your household's self-employment income and expenses for the month of

**SECTION I:**

|                     |       |          |                                 |  |  |
|---------------------|-------|----------|---------------------------------|--|--|
| Name of Business    |       |          | Name of Business Owner          |  |  |
| Address of Business |       |          | Type of Business                |  |  |
| City                | State | Zip Code | Number of Hours Worked in Month |  |  |

**SECTION II: INCOME**

| Source of Income                         | Date Income Received | Amount         |
|--|----------------------|----------------|
|  |                      |                |
|  |                      |                |
|  |                      |                |
|  |                      |                |
| (Attach additional sheets if necessary.) |                      | Total Income 0 |

**If you wish to claim actual expenses, complete Section III and attach proof of expenses. If you do not provide proof of expenses, you will be given the standard allowable expense for your type of self-employment income.**

**SECTION III: EXPENSES (Attach proof.)**

| Type of Expense   | Amount |                  |
|---|--------|------------------|
| Merchandise (stock, raw material, seed, fertilizer, etc.)                               |        |                  |
| Interest and principal on loans for equipment, real estate or income-producing property |        |                  |
| Insurance premiums on loans for equipment, real estate or income-producing property     |        |                  |
| Taxes paid on income-producing property   |        |                  |
| Transportation costs while on the job (not to/from work)                                |        |                  |
| Purchase of capital equipment   |        |                  |
| Labor (wages paid to employees)   |        |                  |
| Advertising   |        |                  |
| Postage for business  |        |                  |
| Rent of business space  |        |                  |
| Utilities for business  |        |                  |
| Child care provider's cost of meals for day care children (not own children)            |        |                  |
| Other (Be specific)   |        |                  |
| (Attach additional sheets if necessary.)  |        | Total Expenses 0 |

|                             |  |      |
|-----------------------------|--|------|
| Signature of Preparer       |  | Date |
| Signature of Business Owner |  | Date |
|                             |  |      |