

SNAP Self-Employment Worksheet

HUMAN SERVICES				
Case Name	Cas	se Number		
Date	Wo	rker Number		
Type of self-employment: Tax Return		Return Used?	Yes 🗌 No 🕅	/hat Year?
Income	I			
otal income		\$		
Federal/state gas/fuel tax refund and/or credits		\$		
Capital gains		\$		
Countable gross income before allowable expenses		\$	Α	
Expenses				
Total expenses	otal expenses			
Depreciation/amortization		\$		
Pension/profit sharing plan contributions made on behalf of HH member		\$		
Wages paid to HH member		\$		
Other nonallowable expenses (exclude any duplicate personal shelter costs on Form 8829)		\$		
Total allowable expenses prior to business use of home deduction		ction \$	В	
Business Use of the Home Expenses				
Enter percentage on Form 8829		\$		
*Enter annual house or rent payment				
Monthly house or rent payment AND	\$			
Number of months		\$		
*Enter annual property taxes OR				
Monthly property taxes AND	\$			
Number of months		\$		
*Enter annual property or renter's insurance OR				
Monthly property or renter's insurance AND	\$			
Number of months		\$		
Total amount for shelter		\$		

С

\$

Total amount of business expense allowed based on percent of home used

*Verify current shelter costs.

Other Allowable Expenses (Form 8829)				
Enter percentage on line 7				
Enter the amount on line 9	\$			
Enter the amount on line 20	\$			
Enter the amount on line 22	\$			
Total amount of other allowed expenses from Form 8829		\$	D	
If claiming 100% of all utilities as a business expense, enter the amount for utilities found on Form 8829, line 20. Allow no utility deduction for SNAP.		\$	E	
			· []	
Total gross income (A)		\$	\$	
Total expenses (B + C + D + E)		\$		
Compare the 40% standard deduction to total expenses (if the business has expenses)			\$	
TOTAL COUNTABLE INCOME FROM SELF-EMPLOYMENT		\$	\$	
Number of months used to calculate monthly s	self-employment			
MONTHLY SNAP INCOME		\$	\$	

Offset a HH's SE loss from one business against the profits of another business. (See 7-I, Offsetting Loss in One Enterprise From Gains in Another.)

Offset a SE farm loss against any other HH income. (See 7-I, Income.)

SNAP Shelter Deduction for Self-Employed Households

Case Name	Case Number
Date	Worker Number
Total month	ily shelter amount \$
Number of month	ns used to prorate
Total shelter for the	e time period used \$
Total shelter for the	e time period used \$
Multiplied by percentage from	Form 8829, line 7
Equals allowable bu	usiness deduction \$
Total shelter amount for Minus allowable bu Equals total BCW1 deduction for	usiness deduction \$
·	BCW1 deduction \$ Ins used to prorate helter deduction

Comments: