



SELF-EMPLOYMENT/CASH INCOME STATEMENT

If you or any member of your household have any self-employment income or cash income, you may fill out this form to meet the verification request. You may submit a copy of your own accounting statement or profit and loss statement. You must answer all questions, and sign and date at the bottom.

1. Name of member or applicant with self-employment income _____
2. Case number or member ID number _____
3. Initial the statement that is true below.

I have operated my business for one year or more.

If this statement is true, initial in the box and answer the following questions:

- What was your business income for the past 12 months? _____
- What were your business expenses for the past 12 months? _____

I have operated my business less than one year.

If this statement is true, initial in the box and answer the following questions:

- How long have you operated your business? _____
- What was your business income for that time period? _____
- What were your business expenses for that time period? _____

If you have questions, please call the SoonerCare helpline at 800-987-7767.

Self-employment or cash income includes money from sales, cash receipts, crops, commissions, leases, fees, or whatever you do or sell for money. If you have any other kind of income from your business, be sure to include it.

Business expenses are your costs of doing business. Examples of expenses are supplies, repairs, rent, utilities, seed, feed, business insurance, licenses, fees, payments on principal of loans for income-producing property, capital asset purchases (such as real property, equipment, machinery and other durable goods and capital asset improvements), your social security contribution for people who worked for you, and labor (not salaries you pay yourself). If you have any other type of business expenses, be sure to include them.

You may not claim rent, mortgage, taxes or utilities on your business if it operates out of your home (unless these costs are separate from the costs of your home) or costs of goods you buy for the business but use yourself.

The information I give on this worksheet is true and correct to the best of my knowledge. I realize if I give information that is not true or if I withhold information, I can be lawfully punished for fraud and/or perjury. I may also have to repay the State of Oklahoma for any payments or claims incurred which were paid based on representations that I made herein. (OAD 317:35-13-6 and OAC 317:35-13-7)

Member or Applicant Signature

Date



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767