

MAWD Self – Employment Verification Form

Medical Assistance for Workers with Disabilities

Important Information: This notice concerns public benefits and requires immediate attention. If you need help translating it, contact your County Assistance Office.

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សូមទាក់ទងទីស្នាក់ការកណ្តាល (County Assistance Office) ប្រសិនបើ

請注意！這重要消息的通知是有關公共福利，
如果您需要翻譯，請聯絡當地的福利部。

Важная информация! Касается вопросов социального обеспечения и требует вашего внимания. Если вам нужна помощь в её переводе, обращайтесь в ваше местное отделение агентства социальной помощи (County Assistance Office / Welfare).

INFORMACIÓN IMPORTANTE

Este aviso se refiere a beneficios públicos y requiere atención inmediata. Si necesita que se lo traduzcan, comuníquese con la oficina de asistencia del condado (CAO).

THOÀNG BAÛO QUAN TRỎING: Thoàng bảoo naoy lieân

quan t uoi tr i ca p xa  ho i cu a
qui v  ca n n o c n oic ngay. Ne u qui v  ca n tr i giu p n e 
n oic tho ng ba o naoy, ha y
lie n he  v u i Phong Tr i Ca p Xa  ho i.

Instructions for Completing this Form

Please read the entire form. Print the requested information in the spaces provided.

Reminder: This form is optional.

You may complete this form or provide verification of self-employment by submitting tax forms, business records, copies of bills for services that state the type of work or services provided or signed statements from people for whom you do work. Records must provide specific information, such as days worked, number of hours worked, and hourly wage.

The following provides guidelines for completing this form:

- Section A. Completed by the County Assistance Office.
- Section B. Complete this section. Describe what you do. If your business has a company name, please provide this name.
- Section C. Complete this section, unless you just started a business and cannot provide proof of income. Use income for the month you signed your application.
- Section D. Complete if you just started a business and do not have proof of income. Estimate income for a full month.
- Section E. Complete if you file taxes. The date should reflect the last quarter/year you filed taxes.
- Section F. Complete if you have business expenses. You must attach verification of all expenses.
- Section G. This form must be signed and dated. If someone helped you complete this form, have him or her complete this information.

Important Information on Filing Taxes

The Internal Revenue Service (IRS) states that you must pay self-employment (SE) tax and file Schedule SE (Form 1040) if either of the following applies:

- You had net earnings from self-employment that were \$400 or more.
- You had church employment income of \$108.28 or more.

Why pay Self-Employment Taxes?

Social Security benefits are available to self-employed persons just as they are to wage earners. Your payments of self-employment tax contribute to your coverage under Social Security. By not reporting all of your self-employment income, you could cause Social Security benefits to be lower when you retire.

How do I find out more information on filing taxes?

Go to www.irs.gov if you have access to the Internet
Taxpayer Advocate Toll Free Number 1-877-777-4778
Internal Revenue Service Toll Free Number 1-800-829-1040.
Tax Forms 1-800-829-3676

If you file taxes, you may be eligible for an Earned Income Tax Credit (EITC).

What is Earned Income Tax Credit (EITC)?

EITC is a federal income tax credit for low-income workers. This credit reduces the amount of tax an individual owes and may be returned to you in the form of a tax refund.

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A. (Required/CAO Completed)

Name _____ Record Number or AP Reg Number _____

Address _____

City _____ STATE **PA** ZIP _____ - _____

Important Information

Your County Assistance Office (CAO) needs information on your self-employment to determine eligibility for Medicaid coverage and to calculate the monthly premium for MAWD. This information is **Confidential**. **You have the choice to complete this form or provide other documents that will verify your self-employment.** Please return this form or other documentation that verifies self-employment to your CAO by ___/___/____. If you need help completing this form or cannot complete it by this date, call _____ at _____.

(CAO Caseworker)

B. (Required)

Date self-employment started ___/___/____. What is your self-employment occupation:

Does your business have a name? Yes (print name) _____

No

C. (Required, unless you just started a self-employment business. See Section D.)

Total gross monthly income from self-employment.

Provide total gross income. ___/____. \$ _____.

(Mo. of Application)

D. (Complete if you just started a business and do not have proof of income.)

If you just started a business and have not received any income from your business, check this box: . When do you expect income? ___/___/____. Do you have an estimate of what your monthly income will be? _____.

If you just started a business and cannot verify income, your caseworker will contact you to set up a schedule for verifying income.

E. (Complete if you file taxes.)

If you file taxes, please complete the following for the last quarter you filed or from last year.

	(Enter amount for filing period)		(Enter date for filing period)
Federal:	_____	for	_____/_____/_____.
State:	_____	for	_____/_____/_____.
Local:	_____	for	_____/_____/_____.
Other:	_____	for	_____/_____/_____.

You do not have to file taxes to qualify for MAWD, but if you do, this information is needed to determine eligibility and to calculate your premium. If you do not file taxes, check this box: I do not file taxes.

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F.

(Complete if you have business expenses and can provide proof of the expenses.)

Certain costs of running a business can be deducted from your total gross monthly/annual income from self-employment. If you can verify costs, complete the following. Circle if this is a monthly or yearly amount for the expense.

Accounting and Legal Fees: _____ Monthly/Yearly
Advertising Costs: _____ Monthly/Yearly
Business Transportation: _____ Monthly/Yearly
Professional License Fees/Union Dues: _____ Monthly/Yearly

Costs of maintaining a place of business, such as rent, property taxes, insurance, maintenance, utilities. If you operate your business from your home, only those costs that are identified for the part of the home that is used for the business can be deducted.

Rent: _____ Monthly/Yearly
Business Property Mortgage: _____ Monthly/Yearly
Property Taxes: _____ Monthly/Yearly
Insurance: _____ Monthly/Yearly
Maintenance: _____ Monthly/Yearly
Telephone: _____ Monthly/Yearly
Utilities: _____ Monthly/Yearly
Other: _____ Monthly/Yearly

Goods purchased, supplies and materials used to operate a business. This may include: paper, computer, Internet access, copier, fax, etc.

_____ Monthly/Yearly
_____ Monthly/Yearly
_____ Monthly/Yearly
Other Costs: _____ Monthly/Yearly

If you do not have verification of costs, check this box: I do not have verification of costs.

G.

(Required. You must sign this form.)

I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.

_____/_____/_____
Signature Date Please Print Name

E-mail address (optional) _____

If someone helped you complete this form, please have the person complete the following.

Name: _____ Date ___/___/___ Telephone: _____

Address _____

Signature: _____

Relationship to Applicant: _____