** FAIM Program**

**Self-Employment Income Worksheet**

|  |  |
| --- | --- |
| **Client’s Name:** |  |
| **Name of the Business:** |  |
| **FAIM Application was Signed:** | Month: Year: |
| **Self-Employment Began:** | Month: Year: |
| **List the last year you filed a tax return:** |  |

**In the table below, enter the total gross income received for the previous 12 months of self-employment income.**

**(Example:** If the FAIM application was signed 2/10/2022, list income for January 2022, backward to February 1, 2021.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Year** | **Source of Income**  (Gross receipts, sales, other gains, rental income, etc.) | **Income Received** | **Business Expenses Paid** |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  | **Totals:** | **$** | **$** |
| **Office Use Only:**   1. Add the Income Received column to get the total gross annual income. 2. Add the Expenses Paid column to get total annual expenses. 3. Subtract expenses paid total from income received total to determine annual income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

|  |
| --- |
| **By signing this document, you are stating the following:**   * I understand that I must complete this worksheet for my application for FAIM. * I have reported the total gross income for self-employment during this time. * I declare that this information is true and accurate. * I understand that I may be prosecuted for fraud and perjury under Minnesota statutes if I knowingly provide false information and that my FAIM application will be denied/voided.   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Client Signature Date** |

Created: 2/16/2022