South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Self-Employment Ledger: Medical Programs

Applicant/Recipient Name: _____

Applicant/Recipient DOB: _____

Medicaid or Case Number: _____

Business/LLC Name: _____

Allowable Business Expenses: Most but not all business expenses may be subtracted from your self-employment income. Allowable business expenses are the same as those allowed when filing taxes on an Internal Revenue Service (IRS) Schedule C, or Farm Income Schedule F. Learn more at IRS.gov/ScheduleC or IRS.gov/ScheduleF. Please contact your Benefits Specialist if you have questions.

Examples of expenses that could be listed include:

- Amounts paid for items needed in the business such as supplies, repairs, advertising, feed, seeds, fertilizer, rent, toys, etc.
- Amounts paid for the rental of business property
- Taxes on the business property, such as real estate and vehicle taxes
- Interest on business loans, which includes mortgage interest and vehicle interest
- Business transportation costs such as lease payments, insurance, gas, oil, tolls and parking
- Wages paid to employees including benefit expenses
- Insurance, utilities, repairs, maintenance and other services necessary to the operation of the business
- Mileage (calculated at the current year's federal standard mileage rate)

Examples of expenses that are NOT allowed and should NOT be listed include:

- Purchase price of durable goods/capital assets (these are business items expected to last a long time – examples include farm machinery, buildings, computers, swing sets, vehicles, furniture, etc.)
- Payment made on the principal portion of a business loan
- Federal, State and Local income taxes
- Wages paid to yourself or family members
- Personal expenses for yourself such as food, shelter, and transportation

*List income and expenses for **the most recent three months** for your business on pages 2 through 4.*

*If you have profit and loss statements for your business for the same months, you may provide those in lieu of the attached ledgers **along with this signature page**.*

I certify that I have receipts or some type of verification on file for all income and expenses reported on this form, and I will keep them on file for at least one year from date reported.

I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Printed Name: _____ Date: _____

Signature: _____

MONTH: _____ **YEAR:** _____ CASE #: _____

INCOME (MONEY RECEIVED BY APPLICANT/RECIPIENT)			EXPENSES (COSTS OF SELF-EMPLOYMENT)		
DATE RECEIVED	**TYPE OF INCOME**	**AMOUNT RECEIVED**	**DATE PAID**	**EXPENSE TYPE**	**AMOUNT PAID**
TOTAL INCOME		**$_____**	**TOTAL EXPENSES**		**$_____**

MONTH: _____ **YEAR:** _____ CASE #: _____

INCOME (MONEY RECEIVED BY APPLICANT/RECIPIENT)			EXPENSES (COSTS OF SELF-EMPLOYMENT)		
DATE RECEIVED	**TYPE OF INCOME**	**AMOUNT RECEIVED**	**DATE PAID**	**EXPENSE TYPE**	**AMOUNT PAID**
TOTAL INCOME		**$_____**	**TOTAL EXPENSES**		**$_____**

MONTH: _____ **YEAR:** _____ CASE #: _____

INCOME (MONEY RECEIVED BY APPLICANT/RECIPIENT)			EXPENSES (COSTS OF SELF-EMPLOYMENT)		
DATE RECEIVED	**TYPE OF INCOME**	**AMOUNT RECEIVED**	**DATE PAID**	**EXPENSE TYPE**	**AMOUNT PAID**
TOTAL INCOME		**$_____**	**TOTAL EXPENSES**		**$_____**