

APPLICANT NAME	B. Social Security No.
C. BUSINESS NAME	D. Telephone No.
E. BUSINESS ADDRESS (No. And Street) (City or Town)	Zip Code
F. MAIN BUSINESS ACTIVITY	
G. ACCOUNTING METHOD (Check appropriate box) <input type="checkbox"/> Cash <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (specify)	H. TIME COVERED BY REPORT from / / To / /
A. INCOME:	
a. Gross Receipts or sales.....	.....
b. Returns and allowances.....	.....
c. Balance (subtract 1b from 1a).....	.....
2. Cost of goods sold (taken from Park J, line 10 below).....	.....
3. Cost of operation (taken from Park K, line 15 below).....	.....
4. Gross Profit (subtract the sum of lines 2 and 3 from line 1c) .....	.....
5. Other Income (specify).....	.....
6. TOTAL INCOME (add lines 3 and 4).....	.....
J - COST OF GOOD SOLD	
7. Inventory at beginning of period.....	.....
8. a. Purchases.....	.....
b. Cost of items withdrawn for personal use.....	.....
c. Balance (subtract line 8b from 8a).....	.....
9. Inventory at end of period.....	.....
10. Cost of good sold (subtract line 9 from the sum of lines 7 and 8c) .....	.....
K- COST OF OPERATIONS	
11. Cost of labor (do not include salary paid to yourself or other household members). .....	.....
12. Insurance.....	.....
13. Rent / mortgage (if business address is different than residential address) .....	.....
14. Utilities / telephone (if business address is different than residential address).....	.....
15. Cost of operations (add lines 11 through 14).....	.....

I HEREBY CERTIFY that all the information presented above on this "WORKSHEET" is true and complete to the best of my knowledge and that I understand that the provision of false, fraudulent or misleading information is punishable by law.

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY

DATE NOTARIZED

SEAL

NOTARY EXPIRATION DATE

PREPARER'S INSTRUCTION FOR SELF-EMPLOYMENT WORKSHEET

THE PURPOSE OF THE SELF EMPLOYMENT WORKSHEET IS TO PROVIDE A METHOD OF COMPUTING INCOME FOR THOSE INDIVIDUALS WHO OPERATE A BUSINESS AND WHOSE INCOME IS DERIVED FROM THEIR OWNERSHIP OF THAT BUSINESS, BUT ARE NOT SALARIED BY THAT BUSINESS. THOSE INDIVIDUALS WHO ARE SALARIED BY THEIR BUSINESS ARE TO BE TREATED AS ANY OTHER EMPLOYED INDIVIDUAL.

THIS FORM MUST BE BASED SOLELY WITH THOSE ITEMS DIRECTLY RELATED TO YOUR BUSINESS. IN ORDER FOR THIS WORKSHEET TO BE ACCEPTABLE YOU MUST HAVE IT "NOTARIZED" WHEN IT HAS BEEN COMPLETED.

GENERAL DATA SECTION

A. APPLICANTS NAME

ENTER YOUR NAME - LAST NAME FIRST

B. SOCIAL SECURITY NUMBER

ENTER YOUR SOCIAL SECURITY NUMBER

C. BUSINESS NAME

ENTER THE LEGAL NAME OF YOUR BUSINESS AS IT IS ON FILE WITH THE STATE DEPARTMENT OF REVENUE SERVICES (TAX DEPARTMENT)

D. TELEPHONE NUMBER

ENTER THE TELEPHONE NUMBER OF YOUR BUSINESS

E. BUSINESS ADDRESS

ENTER THE COMPLETE ADDRESS OF YOUR BUSINESS. USE YOUR HOME ADDRESS ONLY IF YOU ACTUALLY CONDUCT YOUR BUSINESS FROM YOUR HOME.

F. MAIN BUSINESS ACTIVITY

ENTER THE BUSINESS ACTIVITY THAT ACCOUNTS FOR YOUR INCOME. GIVE THE GENERAL FIELD AS WELL AS THE PRODUCT OR SERVICE. (EXAMPLE: "WHOLESALE-GROCERIES" OR "RETAIL-HARTWARD" OR "PROFESSIONAL-BARBER")

G. ACCOUNTING METHOD

CHECK THE APPROPRIATE BOX. IF "OTHER" IS MARKED, INDICATE THE ACCOUNTING METHOD USED.

H. TIME PERIOD COVERED BY REPORT

YOU MAY COMPLETE THIS FORM FOR EITHER THE 6 OR 12 MONTH FULL CALENDAR MONTHS IMMEDIATELY PRIOR TO THE DATE OF YOUR ENERGY APPLICATION.

INCOME COMPUTATION SECTION:

1A. GROSS RECEIPTS OR SALES

ENTER THE AMOUNT OF THE GROSS RECEIPTS FROM YOUR BUSINESS.

1B. RETURNS AND ALLOWANCES

INCLUDING ITEMS SUCH AS SALES RETURNS, REBATES, AND ALLOWANCES FROM GROSS SALES

1C. BALANCE

SUBTRACT LINE 1B FROM 1A AND ENTER THE RESULTS ON THIS LINE.

(THIS REPRESENTS NET SALES)

2. COST OF GOODS SOLD

COMPLETE PART J OF THE FORM AND ENTER THE RESULTS ON THIS LINE

3. COST OF OPERATIONS

COMPLETE PART K OF THE FORM AND ENTER THE RESULTS ON THIS LINE.

4. GROSS PROFIT

SUBTRACT THE SUM OF LINES 2 AND 3 FROM LINE 1C.

5. OTHER INCOME (BUSINESS RELATED ONLY)

INCLUDE ONLY INCOME, SUCH AS AMOUNTS RECOVERED FROM BAD DEBTS, INTEREST AND OTHER KINDS OF MISCELLANEOUS INCOME, DERIVED FROM THE BUSINESS.

6. TOTAL INCOME

ENTER THE TOTAL OF LINES 4 AND 5. THIS REPRESENTS YOUR TOTAL INCOME.

CERTIFICATION

THIS FORM IS VALID ONLY IF "NOTARIZED".

DO NOT COMPLETE THIS SECTION OF THE FORM UNTIL YOU ARE BEFORE A NOTARY PUBLIC.