

**Special Supplemental Nutrition Program  
for Women, Infants and Children (WIC)  
Applicant's Statement of Farm/Self-Employed**

Period from: Month/Date/Year \_\_\_\_\_ To: Month/Date/Year \_\_\_\_\_

Name \_\_\_\_\_ Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_ Type of Business \_\_\_\_\_

Complete Section A if the individual is self-employed. Complete Section B if the individual is a self-employed farmer.

**Net Income Determination  
Section A: Self-employed**

1. Gross Receipts
  - a. Total dollar amount of goods sold or services rendered by the business .....
2. Operating Expenses
  - a. Cost of goods purchased.....
  - b. Rent.....
  - c. Heat.....
  - d. Utilities .....
  - e. Depreciation .....
  - f. Wages/salaries paid.....
  - g. Business tax (not personal income tax) .....
  - h. Other operating expenses .....
  - i. Total operating expenses (add items 2a through 2h).....
3. Total Net Income (subtract item 2i from 1a).....

**Section B: Self-employed/Farmer**

1. Gross Receipts
  - a. Value of all products sold .....
  - b. Money received from rental of farmland, building, or equipment to others .....
  - c. Incidental receipts from the sale of items such as wood, sand, or gravel.....
  - d. Total Gross Receipts (add 1a through 1c) .....
2. Operating Expenses
  - a. Cost of feed, fertilizer, seeds, and other farming supplies.....
  - b. Cash wages paid to farmhands .....
  - c. Depreciation .....
  - d. Cash rent.....
  - e. Interest on farm mortgages.....
  - f. Farm building repairs .....
  - g. Farm taxes (Do not include state or federal income taxes) .....
  - h. Other operating expenses .....
  - i. Total Operating Expenses (add 2a through 2h) .....
3. Total Net Income (subtract item 2i from 1d) .....

By signing this form, I affirm that the information is an accurate statement of income. I understand that if I deliberately omit or give false information that this applicant and/or members of her/his household can be removed from WIC, or criminally prosecuted, or both.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

