WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-16035 (04/2024)

SELF-EMPLOYMENT INCOME WORKSHEET: S CORPORATION (SCHEDULE K-1 [FORM 1120S] AND FORM 1120S)

INSTRUCTIONS: Complete all the fields on this worksheet. If a line on the Schedule K-1 (Form 1120S) or Form 1120S is left blank, enter a zero on this worksheet. If a statement is provided for line 19 of Form 1120S that does not specify an expense listed on this worksheet, enter a zero on this worksheet.

Indicate percentages as a decimal to the ten thousandth place. Do **not** round. For example, for 33.337%, enter .3333. Indicate negative numbers (losses) with a minus sign. For example, for a \$100 loss, enter -100.

All completed worksheets must be retained in the individual's case record.

Name – Self-Employed Individual	Case Number				
Name – Business	Tax Year Filing				
Percentage of Business Owned (Schedule K-1 [Form 1120S] line G)					
Number of Months Business Was in Operation During Tax Year (enter 12 unless otherwise specified)					
Name – Worker	Worker's ID	Date Completed			

A. PERSONAL INCOME FROM BUSINESS

Income		Schedule K-1 (Form 1120S)	Amount
1	Ordinary business income or loss	Line 1	
2	Net rental real estate income or loss	Line 2	
3	Other net rental income or loss	Line 3	
4	Interest income	Line 4	
5	Ordinary dividends	Line 5a	
6	Royalties	Line 6	
7	Net short-term capital gain or loss	Line 7	
8	Net long-term capital gain or loss	Line 8a	
9	Unrecaptured section 1250 gain	Line 8c	
10	Net section 1231 gain or loss	Line 9	
11	Other income or loss	Line 10	
12	Total gross income If positive, enter in the Gross Income field on the Self-Employment page in CWW. If negative, enter in the Gross Income (If Loss) field.	N/A	\$0.00

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B. BUSINESS EXPENSES

Exp	ense	Form	Line	Amount From Tax Form	Individual Amount (Enter on Self-Employment page.)
1	Total depreciation	Schedule K-1 (Form 1120S)	11		\$0.00
		1120S	14		ψ0.00
2	Depletion	1120S	15		\$0.00
3	Amortization	1120S	20 (if specified)		\$0.00
4	Federal, state, and local income tax	1120S	20 (if specified)		\$0.00
5	Charitable donations	1120S	20 (if specified)		\$0.00
6	Guaranteed payments to partners	1120S	20 (if specified)		\$0.00
7	Employer work-related personal expenses	1120S	20 (if specified)		\$0.00
8	Work-related personal expenses	1120S	20 (if specified)		\$0.00
9	Principal payments on loans	1120S	20 (if specified)		\$0.00
10	Total gross expenses		N/A		\$0.00