



Complete and return this form

Self-Employment or Rental Income Reporting Form

Basic Health I.D. # (usually your social security number): _____

If you filed an income tax return for your business, provide a copy of all forms, schedules, and K-1s, if applicable. If you have more than one business, copy this form, or print from our Web site (www.basichealth.hca.wa.gov). Complete a separate form for each business.

If you have owned the business(es) or rental property less than 12 months, fill in the income and expenses for the number of months you have been in business or owned the property.

Do not mail originals to Basic Health; they will not be returned to you.

Name of business			
Name(s) of business owner(s)			
Washington State Unified Business Identifier (UBI) #			Check box if no UBI # <input type="checkbox"/>
Date business began	Months you are reporting		Total number of months in business
/ /	From / /	Through / /	
Type of business	<input type="checkbox"/> Rental(s) <input type="checkbox"/> Sole proprietor	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership
	Percent of business owned by you and your spouse, if married		%
Income			Total for this period
Gross receipts, sales, or rental income			
Expenses: Business-related only (Basic Health does not allow depreciation or amortization)			Total for this period
Merchandise and materials			
Gross wages paid to employees (less employment credits)			
Employer's payroll-related taxes			
Advertising/other promotional			
Car and truck			
Commissions/management fees			
Insurance (not Basic Health)			
Interest—Mortgage			
Interest—Other			
Legal and professional fees			
Rent or lease of vehicles, machinery, equipment			
Rent or lease of other business property			
Repairs and maintenance			
Supplies			
Taxes and licenses			
Travel, meals, and entertainment			
Utilities			
Business use of the home (If you can prove more than half of your home is used for business most of the year, or you have a separate building on your residential property that is used only for business)			
Total business expenses			
Total net profit (or loss)			

Mail to: Basic Health, P.O. Box 42683, Olympia, WA 98504-2683

Privacy statement: Washington State law may require disclosure of any information you submit as a public record. Basic Health is administered by the Health Care Authority (HCA); our Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.