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 ____________________________

Department of State Health Services
WIC-32
Rev. 10/04