



Self Attestation Income Report

UW Health - Financial Assistance
7974 UW Health Ct., MC1010
Middleton, WI 53562

Phone: 877-278-6437 Fax: 608-662-4565

Staff Use: Please fax to 608-662-4565 or
inter-office to Mail Code 1010

The information provided below will be used to gather information regarding your current income situation. Please complete this form if you are Self Employed, but did not file Federal Tax Schedule C, or your income/ pay is paid to you in cash.

Name and Medical Record Number (if known)

Personal Address / Phone Number

Business Name / Employer

Address

Business / Employment Start Date

Business Type

Plans to stop or end business / employment?

Percentage of Business owned by individual (if self-employed)

Month:	Three Months Prior	Two Months Prior	Last month	Current Month
Number of hours worked for business during month of operation:				
Gross Income	Amount	Amount	Amount	Amount
Gross Receipts / Sales				
Other Income				
Gross Expenses	Amount	Amount	Amount	Amount
Wages to employees				
Employee benefits				
Travel				
Vehicle				
Building Rent/Lease				
Repairs / Maintenance				
Telephone / Utilities for business				
Materials / Supplies				
Freight				
Legal / Professional Fees				
Advertising, dues, and publications				
Taxes				
Insurance				
Deduct Above Expenses from Gross Income to calculate monthly <u>Total Net Income</u>	Amount	Amount	Amount	Amount

Signature of Patient/Person completing form if different from patient

Date (MM, DD, YYYY)