



Verification of Self-Employment Income

Use this form as proof of income for self-employment.

You may use this form if:

- you do not have formalized, current documentation of your self-employment, or
- you engage in gig work (rideshare, food delivery, etc.) and do not have a bookkeeper.

SELF-EMPLOYMENT SUMMARY

Complete this summary based on your net monthly income. Net income is the amount of money that you have after paying your business expenses and your taxes.

If you are self-employed with more than one job, use a different row for each job under “Business name/type of work,” If another member of your household is self-employed, they should fill out their own summary.

Head of household name _____

Household member reporting self-employment on this form _____

Reference ID/Member ID _____

Phone number _____ Today’s date _____

Business name/ type of work	Timeframe you receive income from this work	Gross monthly income	Monthly expenses*	Average monthly income or loss (net)	Total (net) for the year
Example: Smith Snowplowing	Seasonal (Dec–Apr; 5 months)	\$6,000	\$500	(\$6,000-\$500)= \$5,500	(\$5,500 x5 months)= \$27,500

Total amount of self-employment income for \$ _____ Frequency (if other than yearly) _____

List any business expenses you have in operating your self-employment/business. These expenses would total the monthly expenses amount reported in the table above.

More information about my household’s income (any variance by season/month):



- By signing below, I swear under the pains and penalties of perjury that everything on this form, and any supporting documentation I chose to include, is true and complete to the best of my knowledge.
- I know that if I lie on this form, my health coverage might end and I might have to repay Massachusetts for any tax credits or health benefits I got.

Head of household signature: _____ Date: _____

**For list of deductible business expenses, please visit <https://www.irs.gov/publications/p334>, Chapter 8. Paying yourself a monthly amount is NOT a deductible expense.*

RETURN THIS SIGNED DOCUMENT IN ONE OF FOUR WAYS

- **Upload to your HIX account**
- **FAX it to** (857) 323-8300
- **Mail it to** Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780
- **Give this form to** someone at one of these locations:

MassHealth Enrollment Centers

529 Main Street
Charlestown, MA 02129

45 Spruce Street
Chelsea, MA 02150

100 Hancock Street, 1st Floor
Quincy, MA 02171

88 Industry Avenue, Suite D
Springfield, MA 01104

21 Spring Street, Suite 4
Taunton, MA 02780

367 East Street
Tewksbury, MA 01876

50 SW Cutoff, Suite 1A
Worcester, MA 01604

QUESTIONS

Call the **Health Connector** at (877) 623-6765, or call **MassHealth** at (800) 841-2900. **TTD/TTY: 711.**