

SELF-EMPLOYMENT INCOME REPORT

The information you provide on this form will only be used to see if you meet the income rules for programs such as BadgerCare Plus, FoodShare, or Medicaid for the Elderly, Blind, or Disabled. This form is not the only way you can provide information about your self-employment income. You can provide the information in another way, such as through tax returns or bookkeeping records. If you do not provide your self-employment income, you may not be able to get or keep getting benefits.

See the Self-Employment Income Report Completion Instructions, F-00107A, at www.dhs.wisconsin.gov/library/f-00107.htm for information on filling out this form.

SECTION 1**Personal Information**

Name – Individual (Last, First, MI)
SCHROEDER, NADEEN, M

Case Number
4117787543

SECTION 2**Business Information**

Name – Business

Type – Business

HM - HOUSEKEEPING OR CLEANING SERVICES

Street Address

245 Williamsburg Dr. #5
City

State

Zip Code

Thiensville

WI

53092

Business Start Date

Month/Year of Significant Change (if applicable)

Percent of Business Owned by Individual

Sept. 2024

1

100%

SECTION 3**Signature and Date**

Nadeen Schroeder



By signing this form, you are saying that the information you provided is correct and complete to the best of your knowledge.



SIGNATURE

Nadeen Schroeder

Date Signed

2/10/25

SECTION 4

Business Income and Expenses (include income and expenses for the whole business)



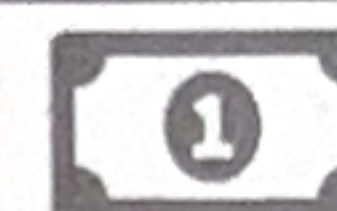
Month of operation:	August	September	October
Year of operation:	2024	2024	2024
Number of hours individual worked for business during month of operation:	35	35	35
A. Gross Business Income	Amount	Amount	Amount
1. Gross receipts and/or sales	1420 ⁰⁰	1420 ⁰⁰	1420 ⁰⁰
2. Other income – specify:			
B. Gross Business Expenses	Amount	Amount	Amount
1. Wages and commissions paid to employees	NA	NA	NA
2. Employee benefit programs, pensions, and profit sharing			
3. Travel			
4. Vehicle			
5. Rent or lease			
6. Repairs and maintenance			
7. Telephone and utilities			
8. Materials and supplies			
9. Freight			
10. Legal and professional fees			
11. Advertising, dues, and publications			
12. Taxes (does not include income taxes)			
13. Insurance			
14. Purchase price of income-producing real estate, capital assets, capital equipment, and durable goods			
15. Principal payment on loans for the purchase of income-producing real estate, capital assets, capital equipment, and durable goods			
16. Depreciation			
17. Depletion			
18. Amortization			
19. Other expenses – specify:			
20. Other expenses – specify:			
21. Other expenses – specify:			

F-00107
NADEEN SCHROEDER

NADEEN - HOUSEKEEPING OR CLEANING
SERVICES

SECTION 4

Business Income and Expenses (include income and expenses for the whole business)



Month of operation:	November	December	
Year of operation:	2024	2024	
Number of hours individual worked for business during month of operation:	35	35	
A. Gross Business Income	Amount	Amount	Amount
1. Gross receipts and/or sales	1420	1420	
2. Other income – specify:			
B. Gross Business Expenses	Amount	Amount	Amount
1. Wages and commissions paid to employees	NA	NA	
2. Employee benefit programs, pensions, and profit sharing			
3. Travel			
4. Vehicle			
5. Rent or lease			
6. Repairs and maintenance			
7. Telephone and utilities			
8. Materials and supplies			
9. Freight			
10. Legal and professional fees			
11. Advertising, dues, and publications			
12. Taxes (does not include income taxes)			
13. Insurance			
14. Purchase price of income-producing real estate, capital assets, capital equipment, and durable goods			
15. Principal payment on loans for the purchase of income-producing real estate, capital assets, capital equipment, and durable goods			
16. Depreciation			
17. Depletion			
18. Amortization			
19. Other expenses – specify:			
20. Other expenses – specify:			
21. Other expenses – specify:			