Client’s Name:       Case #:

VR Specialist:

Name:       Email:       Phone:

**Type of Self-Employment** (check boxes)

Sole ownership

Partnership Percentage of ownership       # of Partners

# of years in business

**Description of business** (product, size of business)

**Required attachments:**

* 3 years of tax returns (fist 3 pages ) Agriculture case also need Schedule F
* 3 years of Financial Balance Sheets (Assets & Liabilities)
* If partnership, Balance Sheets on entire business, not just client’s portion.

**When referring, include all attachments in one email with the authorization**