

## Wage Verification Form for Self Employed Individuals

Self-employed individuals must show proof of income in order to request lost wage reimbursement through the National Living Donor Assistance Center. Please complete and return this form with your application packet to the transplant professional who will submit the application on your behalf. Prompt completion and return of this form will ensure timely processing of your application.

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First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Company Name (if applicable):

Type of Business:

Business Address:

City:

State:

Zip code:

Country:

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In most cases, a copy of your most recent individual federal tax return (Form 1040) including a Schedule C is the best tool to estimate lost wages during the donation and recovery process. Do you have a recent tax return to submit with this application?

- Yes, I have a tax return, including Schedule C, and have included a copy with this form.
- No, I do not have a tax return showing income and/or losses for the business.

If you do not have a tax return showing income and/or losses for your business, please indicate which of the following you use to track self-employed income (check all that apply):

- Not Applicable – a tax return is available
- Bank Statements for the business
- Online Accounting Services (for example, QuickBooks)
- Profit and Loss Statements
- Wage Statements/Pay Stubs
- 1099s from other organizations

Are you able to provide either of the following documents to verify the existence of the business?

Business license:  Yes  No

Corporate registration:  Yes  No

Do you have short-term disability coverage for yourself through the business?  Yes  No

If yes, amount available: \$  per day  per week  per month

Additional comments:

I am willingly providing this income information as part of an application to receive lost wage reimbursement.

This information is accurate to the best of knowledge.

Signature: \_\_\_\_\_

Contact Information (phone or email):

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_