



Self-Employment Questionnaire

- 1) What is the name of your business? _____
- 2) How is your business set up (Inc., LLC, etc.)? _____
- 3) What does your business do?
- 4) How many employees do you have? _____
- 5) What percentage (%) of your business do you own? _____ %

Signature: _____

Name: _____ Date: _____