

Lincoln County Jail

Request for Self-Employment

Inmates Name: _____

Business Name: _____ Phone # _____

Business Location: _____

Type of Business: _____

Days of week you normally work: M T W TH F S SU

Hours you normally Work: Start _____ Finish _____

How long have you been in business? _____

Do you have a business checking account? YES / NO (If YES, attach deposit slip)

Do you have a federal tax ID number? YES / NO If YES, No# : _____
[Needed for Self Employment tax (Social Security tax)]

Do you have a state tax ID number? YES / NO If YES, No# : _____
(Needed to pay in Sales Tax on goods or services)

Do you have a state sellers permit? YES / NO If YES, No# : _____

Do you have an unemployment account? YES / NO If YES, No# : _____

Do you have employees? YES / NO If YES, how many: _____

Do you use invoices to bill your customers? YES / NO (If YES, attach sample)

Do you have liability insurance for your business? YES / NO (If YES, attach copy of policy)

Do you have a workman's compensation insurance policy? YES / NO (If YES, attach copy)

Did you pay State or Federal income tax for your business in the last two years? YES / NO (If YES, attach copy)

List the name and phone number of three customers that you have done work for recently:

I certify that the above information is correct to the best of my knowledge. I also understand that providing false information may result in revocation or suspension of my Huber privileges or further disciplinary action by the Jail staff.

Inmates Signature: _____ Date: _____

Jail Staff Use Only

Base Line Drug Test/Tested **Negative** on - Date: _____ By Officer/Badge # : _____

Approved : [] YES [] NO By Corrections Supervisor/Badge# : _____ DATE: _____

If Denied, Reason For Denial : _____
