

SOVA: Self-Employment Verification of Lost Wages

PSDL23 7/14

State Office of Victim Assistance: 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Fax 803.734.2261
WWW.SOVA.SC.GOV *****click on payment and reimbursement guide for more information

This form applies to you:

- **If** you were self-employed at the time of the crime
- **If** you received your earnings in cash, personal checks or money order
- **If** you received your earnings in tips
- **If** you reported your income to the IRS

To support your request for lost wages, you must:

- Complete this form
- Return this form to SOVA (NOTARIZED), along with a completed Physician Disability Report from your Treating Physician
- Provide copies of the last two consecutive years of your federal income tax return transcript: (Free tax return transcripts may be requested from the Internal Revenue Services (IRS) by phone (1.800.829.1040 or 1.800.908.9946) or by mail using form 4506T available at <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>.)

Criteria for Lost Wages

There are four criteria that must be met:

(1) Employment (2) Missed time from work (3) Reportable income & (4) Disability

Section 1 Victim Information (the person requesting lost wages)

Legal Name _____ Business Name _____
SS# (last 5 digits) _____ DOB _____ SOVA Claim Number _____ Crime Date _____
Home Address _____ Contact # _____
City _____ State _____ Zip Code _____

Section 2 Description of your work

Section 3 Describe how the crime directly impacted your ability to work

- 1) What was the starting date of your self-employment/business? _____
- 2) What was the date you were first unable to report to work? _____
- 3) What date did you return to work? _____ part time _____ full time
- 4) Average number of hours worked per week? _____

SUBSCRIBED AND SWORN TO BEFORE ME BY _____
THIS _____ DAY OF _____, 20____
MY COMMISSION EXPIRES _____

Place Seal Here

NOTARY PUBLIC _____ (signature)

VICTIM/CLAIMANT _____ (signature)