



DCVC: Self-Employment Verification of Lost Wages

PSDL23

Department of Crime Victim Compensation (DCVC), 1205 Pendleton Street, Room 401, Columbia, SC 29201 • Telephone 803-734-1900 • Facsimile 803-734-2261
<http://dcvc.scag.gov> (Click on payment and reimbursement guide under the "For Providers" tab 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 DCVC (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:

You must meet the four criteria: (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 ____/____/____ Crime Date ____/____/____
Home Address _____ City _____ State _____ Zip Code _____
DCVC Claim Number _____ Phone # (____) _____

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)