

DCVC Self-Employment Verification of Lost Wages

PSD 23

Department of Crime Victim Compensation (DCVC), 1205 Pendleton Street, Room 401, Columbia, SC 29204-1900
Telephone 803-734-1900 Facsimile 803-734-2261
K W W S G F (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 profits
- If you reported your income to the IRS

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 456T available at <http://www.irs.gov/pub/irs-pdf/f456t.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 (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? _____

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