## **SWS-10**

## **Schedule C or F Activity Claimant Sworn Written Statement**

You must provide information on this Sworn Written Statement for any Form 1040 Schedule C or F Activity for your Compensation Period, and your Base Year(s) or the period of time in 2011 of the same length and dates as your Compensation Period, as applicable. You must include the corresponding Schedule C or F tax return with this Sworn Written Statement. Attach additional sheets to this Statement, if necessary and they will be incorporated into this Sworn Written Statement.

If you had more than one type of activity on your Schedule C or F for the periods listed above, make a copy of this Sworn Written Statement before filling it in and complete the Statement for each activity shown. Make as many copies as you need.

A. CLAIMANT INFORMATION				
Name:	Last	First Middle Initial		
	Horizon Settlement Program Claim Number	r:		
	urity Number:			
<i>or</i> Individual	Taxpayer Identification Number:			
	Street			
Current Address:	City	State Zip Code		
Audi ess.				
B. EARNINGS INFORMATION				
Type of Earnings: Check the boxes that apply to you:				
☐ I have activity shown on a Schedule C, Profit or Loss from a Business.				
☐ I have activity shown on a Schedule F, Income and Expenses from Farming.				
C. BUSINESS OR FARM INFORMATION				
Name:				
	Street			
Address:	City	State Zip Code		
Phone Nur	nber:			
Social Security Number:		SSN or ITIN		
Individual Taxpayer Identification Number:  or		EIN		
Employer Identification Number:		-   -   -   -   -   -   -   -   -   -		
Hours Worked: I worked the following number of hours at the above business or farm in each of the time periods listed:				
(a) Compensation Period:				
(b) 2009:				
(c) 2008, if applicable:				
(d) 2007, if applicable:				
(e) 201	(e) 2011, if applicable:			

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<ol> <li>I am submitting all available supporting documentation disclosing the number of hours worked in connection with the identified activity for each of the relevant periods. (Required).</li> <li>I am not submitting all available supporting documentation disclosing the number of hours worked in connection with the identified activity for each of the relevant periods.</li> </ol>			
D. SIGNATURE			
I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.			
Date Signed:	// (Month/Day/Year)	Claimant Signature  Name (Printed or Typed)	