This form is to be used to record income and expenses for self-employment income. It is used when other business or tax records are not available and must be supported with receipts. This information is confidential and will be used only to determine your eligibility for child care assistance. It cannot be released without your written consent.

Part I is a record of <u>income</u> from your business. Part II is a record of your business expenses.

Complete this form as income is received and as expenses are paid.
I (applicant name) am providing this written statement of
my Self-Employment income and expenses for my
business for the period beginning and ending

PART I – INCOME

Date	Amount	Hours Worked	Description

Date	Amount	Hours Worked	Description

(Applicant/Recipient's Initials)
(Date)

PART II – EXPENSES (Receipts should be attached)

Date	Amount	Type of Expense Description
	(Applica	ant/Recipient's Initials)
	(Date)	

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PART II – EXPENSES Continued

Date	Amount	Amount Type of Expense Description	

I hereby declare that the above information on my business income and expenses to be true, complete, and accurate for the period shown.

Signature of Recipient/Applicant	
Date Signed	

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