

SELF-EMPLOYMENT VERIFICATION INCOME AND EXPENSES

This form is to record income and expenses for self-employment **FOR THE LAST 3 MONTHS** and must be supported with receipts. This information is confidential and will be used only to determine your eligibility for child care assistance. The information will not be released without your written consent. However, staff from Workforce Solutions Northeast Texas Child Care Services may contact sources listed on this form to verify the information. Incomplete forms will result in the delay and/or the termination/denial of child care services.

I, _____, am providing this written statement of my income and
Self Employed Individual
 expenses from my _____ business for the period
Business Name/Type
 beginning _____ and ending _____.
(beginning month/year) (ending month/year)

1. Complete Attachment I- Gross Income	Enter total gross income:	\$ _____
2. Complete Attachment II- Expenses	Enter total expenses:	\$ _____
3. Subtract total expenses from total income	Enter Net Income:	\$ _____

If my work hours cannot be verified by valid documentation, I understand that my income will be divided by the Federal Minimum Wage of \$7.25 per hour to establish whether or not I am meeting the required minimum participation hours of 25 hours per week (single parent family) or 50 hours per week (2 parent family).

Example: You are a single parent. You have net income of \$896.00/month. There are 4.33 weeks in a month. $\$896.00$ (income) \div $\$7.25$ (minimum wage) \div 4.33 (weeks per month) = 28.5 hours per week.

I understand that I must provide a copy of my most current tax return including a Schedule C OR notarized statement explaining why I do not have a tax return for my business.

I HEREBY CERTIFY under penalty of perjury, that the information I provided to Child Care Services is true and accurate.

Signature

Date

Babel Notice:

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language service, including the interpretation/translation of this document, are available free of charge upon request. Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

EQUAL OPPORTUNITY IS THE LAW

Workforce Solutions Northeast Texas dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TTD) 1-800-735-2988 (voice).

ATTACHMENT I – INCOME

Include **ALL** sources of income for your business for the past 3 months. You must attach a copy of a receipt or deposit slip for each source listed below. Write the number on the receipt/deposit slip that matches the number on the left.

*Customer address only needed if business conducted at customer's home.

#	Date	Source (include name and address of customer)	Time(hours)	Amount
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$
9				\$
10				\$
11				\$
12				\$
13				\$
14				\$
15				\$
16				\$
17				\$
18				\$
19				\$
20				\$
21				\$
22				\$
23				\$
24				\$
25				\$
26				\$
27				\$
28				\$
29				\$
30				\$
TOTAL GROSS INCOME:				\$

I HEREBY CERTIFY under penalty of perjury, that the information I provided to Child Care Services is true and accurate. I have provided proof of income received.

Signature

Date

Make additional copies of this form as needed to record ALL income.

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ATTACHMENT II – EXPENSES (Attach Receipts)

Include **ALL** expenses for your business for the past 3 months. You must attach a copy of a receipt for each expense listed below. Write the letter on the receipt that matches the letter on the left.

#	Date	Source	Amount
A			\$
B			\$
C			\$
D			\$
E			\$
F			\$
G			\$
H			\$
I			\$
J			\$
K			\$
L			\$
M			\$
N			\$
O			\$
P			\$
Q			\$
R			\$
S			\$
T			\$
U			\$
V			\$
W			\$
X			\$
Y			\$
Z			\$
TOTAL EXPENSES:			\$

I HEREBY CERTIFY under penalty of perjury, that the information I provided to Child Care Services is true and accurate. I have provided proof of income received.

Signature

Date

Make additional copies of this form as needed to record ALL expenses.

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