

SELF – EMPLOYMENT INCOME REPORT

Personally identifiable information will only be used for the direct administration of assistance programs.*

Month of Report (month/year)	Today's Date	Worker Name	Agency	
Name (Last, First, MI)			Case Number (if known)	
Home Address		City	State	Zip Code
Business Name	Business Address (if not your home address) (Street, City, State, Zip Code)			

INCOME AND EXPENSES – Enter the amount for the previous month. Keep records, such as receipts, etc. that list the amounts you enter. For partnerships and corporations, report income and expenses for the operation as a whole; your share will be calculated later

What percent of the business is owned by the applicant(s) listed above? _____ %	Number of hours worked this month:
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Income	
1. Gross receipts or sales, net capital gains and other incomes	\$
Expenses	
2. Materials and supplies (including office supplies)	\$
3. Wages (not including wages to yourself)	\$
4. Commissions paid to your employees	\$
5. Vehicle expenses (mileage, insurance and maintenance)	\$
6. Travel expenses for business away from home (meals, lodging, transportation other than claimed in the car and truck category in line 5.)	\$
7. Rent or lease on business property	\$
8. Repairs on business equipment and property (Do not include vehicle costs as this will be entered on line 5.)	\$
9. Business telephone and utility expenses	\$
10. Freight or shipping expenses	\$
11. Legal and professional services	\$
12. Business taxes and licenses	À
13. Business insurance	\$
14. Bank service charges to business.	\$
15. Interest charged to business debt (Do not include interest paid on rental property as this will be entered on line 21)	\$
16. Advertising expenses	\$
17. Dues and publications	\$
18. Depreciation	\$
19. Depletion	À
20. Purchase of income-producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets).	\$
21. Interest payments on loans for the purchase price of income producing real estate, capital assets and equipment, and durable goods.	\$
22. Other expenses (not including transportation to and from work.)	
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
23. TOTAL EXPENSES (Add lines 2 through 22 and enter the amount.)	\$
24. NET BUSINESS INCOME (or loss) (Subtract line 23 from line 1 and enter the amount.)	\$

I hereby certify that the information given is accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the figures given.

Participant Signature	Date Signed
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