VERIFICATION FORM FOR SELF EMPLOYMENT INCOME & EXPENSES

Complete this form as income is received and as expenses are paid.

- **Part I** is a record of income from your business **(please provide most recent 8 weeks of income).**
- **Part II** is a record of your business **expenses (please provide most recent 8 weeks of business expenses).**

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I am providing this written statement of my income and expenses from my _____ business for the period beginning _____and ending_____.

PART I – INCOME

Date	Amount	Source: Name of Customer	Description of Service	Time Spent on Service (hours)

This form is to record income and expenses for self-employment income *and must be supported with receipts*. It is to be used only when other business or tax records are unavailable. 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. However, Smart Start of Davidson County may contact sources listed on this form to verify the information.

VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES CONTINUATION SHEET

PART I – INCOME(CONT.)

Date	Amount	Source: Name of Customer	Description of Service	Time Spent on Service (hours)

_____
Parent/Guardian Applicant Initials

_____
Date

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VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES CONTINUATION SHEET

PART II – EXPENSES (*RECEIPTS MUST BE ATTACHED*)

Date	Amount	Type of Expense	Source (Name of Company Purchased From)

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VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES CONTINUATION SHEET

PART II – EXPENSES (CONTINUATION SHEET)

Date	Amount	Type of Expense	Source (Name of Company Purchased From)

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

_____

Parent/Guardian Applicant Signature

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Please complete the calendar(s) with the hours worked for the pay periods you are submitting income & expenses for.

Month ..... Year						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Calendar by www.blankcalendar2014.com

My signature verifies that the information presented above is accurate and true to the best of my knowledge.

Signature: _____

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