WEEK #1—SELF-EMPLOYMENT PACKET----DATES & INCOME

Parent / Business Owner Name: _____

Business Name: _____

What type of services does your business offer? _____

WEEK #1—DATES

Day 1—Date: _____
Day 2—Date: _____
Day 3—Date: _____
Day 4—Date: _____
Day 5—Date: _____
Day 6—Date: _____
Day 7—Date: _____

WEEK #1—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 5, "Income Continued," and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income is true, complete, and accurate for the period shown.

_____ _____

Parent/Guardian Signature **Date**

WEEK #2—SELF-EMPLOYMENT PACKET----DATES & INCOME

Parent / Business Owner Name: _____

Business Name: _____

WEEK #2—DATES

Day 1—Date: _____
Day 2—Date: _____
Day 3—Date: _____
Day 4—Date: _____
Day 5—Date: _____
Day 6—Date: _____
Day 7—Date: _____

WEEK #2—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 5, "Income Continued," and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income is true, complete, and accurate for the period shown.

_____ _____

Parent/Guardian Signature **Date**



WEEK #3—SELF-EMPLOYMENT PACKET----DATES & INCOME

Parent / Business Owner Name: _____

Business Name: _____

WEEK #3—DATES

Day 1—Date: _____
Day 2—Date: _____
Day 3—Date: _____
Day 4—Date: _____
Day 5—Date: _____
Day 6—Date: _____
Day 7—Date: _____

WEEK #3—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 5, "Income Continued," and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income is true, complete, and accurate for the period shown.

_____ _____

Parent/Guardian Signature **Date**





WEEK #4—SELF-EMPLOYMENT PACKET----DATES & INCOME

Parent / Business Owner Name: _____

Business Name: _____

WEEK #4—DATES

Day 1—Date: _____
Day 2—Date: _____
Day 3—Date: _____
Day 4—Date: _____
Day 5—Date: _____
Day 6—Date: _____
Day 7—Date: _____

WEEK #4—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 5, "Income Continued," and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income is true, complete, and accurate for the period shown.

_____ _____

Parent/Guardian Signature **Date**

SELF-EMPLOYMENT PACKET----INCOME CONTINUED

Parent / Business Owner Name: _____

Business Name: _____

WEEK #_____INCOME CONTINUED

- Please list all REMAINING income received this week from your self-employed job/business including base pay, tips, etc.

Date	Amount	Source: Name of Customer	Description of Service

My signature below confirms that all information recorded on this self-employment packet of my self-employment income is true, complete, and accurate for the period shown.

_____ _____

Parent/Guardian Signature **Date**