

EARLY CHILDHOOD SCHOOL READINESS PROGRAMS VERIFICATION OF SELF EMPLOYMENT

Policy Clarification Regarding Self Employment and Cash Paid Employment

It is the parent/guardian's responsibility to inform the School Readiness (SR) Programs of the self-employment of any parent/guardian in the family. The parent/guardian must submit verification of self-employment, including all supporting verification of self-employment income, as required at the time of initial application and at each subsequent redetermination.

Self Employment Requirements:

If you are paid in cash or check and your employer does not take out your taxes or if you are operating your own business, then you are considered to be self-employed. Due to clarification you now need to submit the following verification at each redetermination:

- ☐ Copy of most current/recent Federal Income Tax Return
- ☐ Copy of current and active business license

(Request for Transcript of Tax Return can be mailed to you upon request so you can receive an official copy of your most recent Income Tax Return from the IRS)

OR

If you are newly Self-Employed within current tax year and do not yet have an income tax return then:

- ☐ Parent/Guardian Self-Employment Income Worksheet **AND** Self-Employment Statement

Along with a copy of current and active business license; documentation to support the statement such as:

- | | |
|---|---|
| <input type="checkbox"/> Accounting ledgers | <input type="checkbox"/> Account statements |
| <input type="checkbox"/> Bank deposit slips | <input type="checkbox"/> Canceled checks |
| <input type="checkbox"/> Receipts | <input type="checkbox"/> Credit card charge slips |
| <input type="checkbox"/> Invoices | <input type="checkbox"/> Credit card sales slips |

Business Expenses: Generally, you may claim any business expense that is allowed by the Internal Revenue Service (IRS), with the exception a deduction for depreciation.

Example of business expenses are:

- Materials/chemicals/supplies use to produce goods or services
- Space rent and business utilities
- Maintenance of business property
- Payroll or wages
- Business phone
- Vehicle expense for business purpose with documentation
- Legal, accounting or other professional fees

**Certain statuses may require additional documentation.*



SELF- EMPLOYMENT VERIFICATION FORM

PARENT/GUARDIAN INFORMATION

| | | | |
|-------------------|--------------------|-------------------------|-----------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: | |
| STREET: | CITY: | STATE: | ZIP CODE: |
| LAST FOUR OF SSN: | HOME PHONE NUMBER: | ALTERNATE PHONE NUMBER: | |

INFORMATION ABOUT SELF-EMPLOYED FAMILY MEMBER

(If different than above)

| | | | |
|-------------------|--------------------|-------------------------|-----------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: | |
| STREET: | CITY: | STATE: | ZIP CODE: |
| LAST FOUR OF SSN: | HOME PHONE NUMBER: | ALTERNATE PHONE NUMBER: | |

INFORMATION ABOUT BUSINESS

| | | | |
|---|-------|---------------------------------------|-----------|
| NAME OF BUSINESS: | | BUSINESS START DATE: | |
| STREET: | CITY: | STATE: | ZIP CODE: |
| NATURE OF BUSINESS: | | BUSINESS PHONE NUMBER: | |
| CORPORATE STATUS OF BUSINESS (Please check one of the following): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corp | | EMPLOYER IDENTIFICATION NUMBER (EIN): | |

REQUIRED BUSINESS DOCUMENTATION ATTACHED

PLEASE ATTACH THE FOLLOWING:

- ☐ Copy of most current/recent Federal Income Tax Return
- ☐ Copy of current and active business license

IF YOU ARE UNABLE TO PROVIDE A FEDERAL INCOME TAX RETURN, PLEASE ATTACH:

- ☐ Parent/Guardian Self-Employment Income Worksheet
- ☐ Copy of current and active business license **AND**

CHECK AND ATTACH **TWO** OF THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> Accounting ledgers | <input type="checkbox"/> Account statements |
| <input type="checkbox"/> Bank deposit slips | <input type="checkbox"/> Canceled checks |
| <input type="checkbox"/> Receipts | <input type="checkbox"/> Credit card charge slips |
| <input type="checkbox"/> Invoices | <input type="checkbox"/> Credit card sales slips |

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.

X _____ X _____
 Parent/Guardian Signature Date



SELF-EMPLOYMENT WORK HOURS & INCOME

Parent/Guardian Name: _____

Self-Employment Work Hours/Income

****The customer who signs the receipts or invoices must be available by phone to verify the information, if needed.**

WEEK ONE: Dates: _____ thru _____

| | | | |
|-----------|------------|----------------|----------------|
| Monday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Tuesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Wednesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Thursday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Friday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Saturday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Sunday | from _____ | AM/PM to _____ | AM/PM \$ _____ |

TOTAL NUMBER OF HOURS, WEEK ONE: _____
 TOTAL INCOME EARNED, WEEK ONE: _____
 TOTAL NUMBER OF CUSTOMERS SERVED: _____

****Name and phone number of customers served this week must be on receipts or invoices:**

WEEK TWO: Dates: _____ thru _____

| | | | |
|-----------|------------|----------------|----------------|
| Monday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Tuesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Wednesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Thursday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Friday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Saturday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Sunday | from _____ | AM/PM to _____ | AM/PM \$ _____ |

TOTAL NUMBER OF HOURS, WEEK TWO: _____
 TOTAL INCOME EARNED, WEEK TWO: _____
 TOTAL NUMBER OF CUSTOMERS SERVED: _____

****Name and phone number of customers served this week must be on receipts or invoices:**

WEEK THREE: Dates: _____ thru _____

| | | | |
|-----------|------------|----------------|----------------|
| Monday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Tuesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Wednesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Thursday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Friday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Saturday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Sunday | from _____ | AM/PM to _____ | AM/PM \$ _____ |

TOTAL NUMBER OF HOURS, WEEK THREE: _____
 TOTAL INCOME EARNED, WEEK THREE: _____
 TOTAL NUMBER OF CUSTOMERS SERVED: _____

****Name and phone number of customers served this week must be on receipts or invoices:**

WEEK FOUR: Dates: _____ thru _____

| | | | |
|-----------|------------|----------------|----------------|
| Monday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Tuesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Wednesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Thursday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Friday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Saturday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Sunday | from _____ | AM/PM to _____ | AM/PM \$ _____ |

TOTAL NUMBER OF HOURS, WEEK FOUR: _____
 TOTAL INCOME EARNED, WEEK FOUR: _____
 TOTAL NUMBER OF CUSTOMERS SERVED: _____

****Name and phone number of customers served this week must be on receipts or invoices:**

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.

X _____ **X** _____
 Parent/Guardian Signature Date



SELF-EMPLOYMENT WORK HOURS & INCOME

Parent/Guardian Name: _____

Self-Employment Work Hours / Income

****The customer who signs the receipts or invoices must be available by phone to verify the information, if needed.**

WEEK FIVE: Dates: _____ thru _____

| | | | |
|-----------|------------|----------------|----------------|
| Monday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Tuesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Wednesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Thursday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Friday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Saturday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Sunday | from _____ | AM/PM to _____ | AM/PM \$ _____ |

TOTAL NUMBER OF HOURS, WEEK FIVE: _____
 TOTAL INCOME EARNED, WEEK FIVE: _____
 TOTAL NUMBER OF CUSTOMERS SERVED: _____

****Name and phone number of customers served this week must be on receipts or invoices:**

WEEK SIX: Dates: _____ thru _____

| | | | |
|-----------|------------|----------------|----------------|
| Monday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Tuesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Wednesday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Thursday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Friday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Saturday | from _____ | AM/PM to _____ | AM/PM \$ _____ |
| Sunday | from _____ | AM/PM to _____ | AM/PM \$ _____ |

TOTAL NUMBER OF HOURS, WEEK SIX: _____
 TOTAL INCOME EARNED, WEEK SIX: _____
 TOTAL NUMBER OF CUSTOMERS SERVED: _____

****Name and phone number of customers served this week must be on receipts or invoices:**

Expenses

List your business expenses for the most recent six week period. Generally, you may claim any business expense that is allowed by the Internal Revenue Service (IRS), with the exception that we don't allow a deduction for depreciation.

| DATE | PAID TO | EXPENSE TYPE | CHECK NO. | AMOUNT PAID |
|----------------------|---------|--------------|-----------|-------------|
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| | | | | |
| MONTHLY TOTAL | | | | \$ |

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.

X _____ **X** _____
 Parent/Guardian Signature Date



INSTRUCTIONS TO COMPLETE THE STATEMENT OF SELF EMPLOYMENT INCOME

Totals on this worksheet must meet the following criteria:

- A minimum of six weeks of documentation within the most recent six-week period.
- All three totals must be for the same time period
- Must meet IRS guidelines

Calculating *Gross Income:

Gross Receipts are the income you receive from your business. You should retain supporting documents which show the amounts and sources of your gross receipts.

\$ _____

Examples of documents that show gross receipts include:

- Canceled Checks
- Bank deposit slips
- Receipt books
- Invoices
- Credit card charge slips
- Forms 1099-MISC

Add all gross receipts for total gross income.

Calculating *Expenses:

Note: > Expenses may only be deducted from Income with supporting documentation.

Business expenses are the costs you incur to carry on your business. Your supporting documents should show the amounts paid for those business expenses.

\$ _____

Examples of documents for expenses include:

- Receipts
- Account statements
- Credit card slips
- Invoices
- Canceled checks.

Add all expenses for total expenses.

Calculating *Total Profit or Loss:

Total profit or loss is equal to gross receipts minus business expenses.

\$ _____

Subtract total expenses from total gross income for total profit or loss.

NOTE: *If this document is completed and submitted to the School Readiness Programs along with acceptable supporting documentation, your self-employment income will be verified. Please discuss verification requirements for self-employment with your Client Services Specialist.*



STATEMENT OF SELF EMPLOYMENT INCOME

Date: _____

Self-employment income covers the period From ___/___/___ To ___/___/___

Number of weeks self-employment income covers: _____

| CLIENT IDENTIFICATION | | | | | |
|-----------------------|--|-------------------|--|----------------|-----------|
| LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | |
| STREET: | | CITY: | | STATE: | ZIP CODE: |
| HOME PHONE NUMBER: | | LAST FOUR OF SSN: | | DATE OF BIRTH: | AGE: |

| BUSINESS INFORMATION | |
|---------------------------------------|-------------------|
| BUSINESS NAME: | |
| BUSINESS PHONE NUMBER: () — | BUSINESS ADDRESS: |

Total amount of gross receipts*: \$ _____

*Gross Receipts are the income you receive from your business. You should retain supporting documents which show the amounts and sources of your gross receipts.

Total amount of business expenses*: \$ _____

*Business expenses are the costs you incur to carry on your business. Your supporting documents should show the amounts paid for those business expenses.

Total amount of income*: \$ _____

*Income is equal to gross receipts minus business expenses.

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.

X _____ X _____
Parent/Guardian Signature Date