

Middle Kentucky



171 Howell Heights
Darrell R. Shouse
Jackson, KY 41339
Phone: (606) 666-2452
Fax: (606) 666-9780
Email: mkcadirector@mkcap.org

Executive Director

Affidavit in Verification of Self-Employment

This affiant(s) (Name) _____ of

(Address) _____

being first duly sworn deposes and says that _____ is self-employed, said
occupation being _____.

The affiants' place of business is located at: _____.

I sign the declaration under penalty of perjury and with full knowledge of the repercussions of willful falsification and false swearing under Kentucky Law.

STATEMENT OF INCOME BUSINESS

A. **GROSS BUSINESS INCOME:** \$ _____ period covered by GROSS
income shown:
Beginning date: _____ Ending date: _____

B. EXPENSES

1. Cost of good and material \$ _____

2. Rent (business location only) \$ _____

3. Heat, light, water, phone, etc. (business only) \$ _____

4. License fees \$ _____

5. Other (specify) \$ _____

6. Number of employees _____

7. Employees salaries (other than self and household members) \$ _____

TOTAL EXPENSES \$ _____

Affidavit in Verification of Self-Employment - Continued

C. Total amount of income taxes paid as of _____

Federal Taxes \$ _____

State Taxes " + " \$ _____

City Taxes " + " \$ _____

TOTAL TAXES " = " \$ _____

GROSS BUSINESS INCOME \$ _____

TOTAL BUSINESS EXPENSES \$ _____

TOTAL GROSS BUSINESS INCOME \$ _____

TOTAL TAXES \$ _____

TOTAL NET BUSINESS INCOME \$ _____

ATTACH MOST RECENT COPY OF YOUR FEDERAL TAX RETURN.

The above information is correct to the best of my knowledge, and I agree to notify

Middle Kentucky Community Action annually of any changes.

Signature

Date