

# SELF-EMPLOYMENT INCOME AND EXPENSE STATEMENT

Please provide all requested information about your household's self-employment income and expenses for the month of \_\_\_\_\_

**SECTION I:**

Name of Business			Name of Business Owner		
Address of Business			Type of Business		
City	State	Zip Code	Number of Hours Worked in Month		

**SECTION II: INCOME**

Source of Income	Date Income Received	Amount
(Attach additional sheets if necessary.) Total Income		

**If you wish to claim actual expenses, complete Section III and attach proof of expenses.** If you do not provide proof of expenses, you will be given the standard allowable expense for your type of self-employment income.

**SECTION III: EXPENSES (Attach proof.)**

Type of Expense	Amount
Merchandise (stock, raw material, seed, fertilizer, etc.)	
Interest and principal on loans for equipment, real estate or income-producing property	
Insurance premiums on loans for equipment, real estate or income-producing property	
Taxes paid on income-producing property	
Transportation costs while on the job ( <b>not</b> to/from work)	
Purchase of capital equipment	
Labor (wages paid to employees)	
Advertising	
Postage for business	
Rent of business space	
Utilities for business	
Child care provider's cost of meals for day care children ( <b>not</b> own children)	
Other (Be specific)	
(Attach additional sheets if necessary.) Total Expenses	

Signature of Preparer		Date
Signature of Business Owner		Date