

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
SELF-EMPLOYMENT INCOME
STATEMENT**

Name (*Last, First, M.I.*)

Business Start Date _____

Case No. _____

What type of business is this?

Do you file taxes? Yes No

Business Name:

Business Address:

**When additional space is needed
attach a separate piece of paper.**

See page 14 for USDA/EOE/ADA/LEP/GINA disclosures

MONTH/YEAR:

Date:	Income:	Hours:

Date:	Expense Type:	Expense Amount:

MONTH/YEAR:		
Date:	Income:	Hours:
Date:	Expense Type:	Expense Amount:

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Date:	Income:	Hours:
Date:	Expense Type:	Expense Amount:

Print Name:

Signature: _____

Date: _____

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