

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

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

Year _____ **Case No.** _____

What type of business is this?

Do you file taxes? **Yes** **No**

MONTH/YEAR:		
Date:	Income:	Hours:

Date:	Expense Type:	Expense Amount:

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

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

Print Name:

Signature: _____

Date: _____

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