

**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

**See page 14-16 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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MONTH/YEAR:

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

Print Name:

Signature:

Date: _____

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