ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Care

# SELF-EMPLOYMENT MONTHLY BUDGET RECORD

Use this form to document the total gross income received from self-employment in a calendar month, calculate net self-employment income, and list business expenses for the month.

Please contact your Child Care Specialist: _____ at phone number: _____ with questions.

**Client's ID Number:** _____     **Calendar Month (*Mo./Yr.*):** _____

| **THE SELF-EMPLOYED CLIENT COMPLETES ALL SECTIONS BELOW** |
|---|

Name (*Last, First, M.I.*): _____    Phone Number: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Type of Business (*Main activity, product or service of the business*): _____

| | |
|---|---|
| **Section 1:** Enter the total gross income received for the month before business expenses and deductions. (*This amount includes goods sold, services rendered, rentals, commissions, and other income.*) <br><br> **Month Total:** | $ |
| **Section 2:** Choose one to calculate your net income amount. (*This amount will be deducted as business expenses from your gross monthly income.*) <br><br>     40% standard deduction – If you select this option complete section 5. <br>     Gross income minus allowable business expenses/actual business expenses – If you select this option, complete Sections 3, 4, & 5. | |
| **Section 3:** List the month's business expenses and attach receipts. Business expenses include materials, supplies, repairs, gasoline, rent for business property use, telephone, utilities, and labor costs (*not including salary paid to self-employed members*). A 40% standard deduction will be applied if no receipts are attached. | |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| 6. | $ |
| 7. Total Expenses (*add lines 1 through 6*): | $ |
| **Section 4:** Calculate Net Profit or Loss Amount (*Subtract total expenses in Line 7, Section 3 from the month total in Section 1.*) | $ |
| **Section 5:** Certification. ~ *I certify the information above is correct.* <br><br> Print name: _____ Client's Signature: _____ Date: _____ <br> **\*DO NOT SIGN AND DATE THIS FORM BEFORE THE LAST DAY OF THE MONTH.** | |