

## SELF-EMPLOYMENT INCOME STATEMENT

Name (Last, First, M.I.): \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Case Number: \_\_\_\_\_ APP ID: \_\_\_\_\_

What type of business is this? \_\_\_\_\_ Do you file taxes? Yes No

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

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