

CALENDAR MONTH \_\_\_\_\_

**SELF-EMPLOYMENT BUDGET RECORD**

CLIENT'S NAME (*Last, First, M.I.*) \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CLIENT'S ADDRESS. (*No., Street, Apt. No.*) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_

BUSINESS ADDRESS (*No., Street, Apt. No.*) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRINCIPAL ACTIVITY, PRODUCT OR SERVICE OF THE BUSINESS \_\_\_\_\_

AVERAGE NUMBER OF HOURS PER WEEK FOR EMPLOYMENT ACTIVITY : \_\_\_\_\_

CHILD CARE SPECIALIST'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

INCOME	AMOUNT
1. Gross income/commissions ( <i>before any deductions</i> )	\$ _____
2. Other income (i.e., goods sold, services rendered, rentals) Specify: _____	\$ _____
	GROSS INCOME AMOUNT
3. <b>TOTAL INCOME</b> ( <i>add lines 1 and 2</i> )	\$ _____

BUSINESS COSTS/DEDUCTIONS	AMOUNT
Choose One: 40% Standard Deduction or Actual – <b>You must provide all receipts for income and expenses</b>	
4. Labor costs ( <i>do NOT include salary paid to self-employed members</i> )	\$ _____
5. Materials and supplies	\$ _____
6. Repairs ( <i>explain</i> ): _____	\$ _____
7. Gasoline ( <i>business related</i> )	\$ _____
8. Other business expenses ( <i>i.e., rent for business property use, telephone, utilities</i> ) Explain below:	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
9. <b>TOTAL EXPENSES</b> ( <i>add lines 4 through 8e</i> )	\$ _____
10. <b>NET PROFIT AMOUNT</b> ( <i>subtract line 9 from line 3 if amount from line 3 is greater than line 9</i> )	\$ _____
<b>OR</b> 11. <b>LOSS AMOUNT</b> ( <i>subtract line 3 from line 9 if amount from line 9 is greater than line 3</i> )	\$ _____

CLIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.