

CALENDAR MONTH _____

SELF-EMPLOYMENT BUDGET RECORD

CLIENT'S NAME (Last, First, M.I.) _____

CLIENT ID. 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 (before any deductions)	\$ _____
2. Other income (i.e., goods sold, services rendered, rentals) Specify: _____	\$ _____
3. TOTAL INCOME (add lines 1 and 2)	\$ _____
BUSINESS COSTS/DEDUCTIONS	AMOUNT
Choose One: 40% Standard Deduction or Actual – You must provide all receipts for income and expenses	
4. Labor costs (do NOT include salary paid to self-employed members)	\$ _____
5. Materials and supplies	\$ _____
6. Repairs (explain): _____	\$ _____
7. Gasoline (business related)	\$ _____
8. Other business expenses (i.e., rent for business property use, telephone, utilities) Explain below:	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
9. TOTAL EXPENSES (add lines 4 through 8e)	\$ _____
10. NET PROFIT AMOUNT (subtract line 9 from line 3 if amount from line 3 is greater than line 9)	\$ _____
OR 11. LOSS AMOUNT (subtract line 3 from line 9 if amount from line 9 is greater than line 3)	\$ _____

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.