

SELF-EMPLOYMENT MONTHLY INCOME LOG

Use this form to document self-employment income received in a calendar month. Update this form after the receipt of each self-employment payment. Once the month ends, add the amount of income received and enter the total in the 'Month Total' field on page 2. When additional space is needed, use an extra sheet. Please keep all applicable self-employment expense receipts

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): _____

DATE INCOME RECEIVED	JOB DESCRIPTION OR WORK PERFORMED	INCOME RECEIVED BEFORE EXPENSES
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
PAGE 1 TOTAL:		\$

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DATE INCOME RECEIVED	JOB DESCRIPTION OR WORK PERFORMED	INCOME RECEIVED BEFORE EXPENSES
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
PAGE 2 TOTAL:		\$
ADD PAGE 1 AND 2 TOTALS FOR MONTH TOTAL:		\$ *Enter this amount on the CCA-0228A, Section 1.

***DO NOT SIGN AND DATE THIS FORM BEFORE THE LAST DAY OF THE MONTH.**

Certification. ~ I certify the information above is correct.

Print name: _____ Client's Signature: _____ Date: _____

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1