ARIZONA DEPARTMENT OF ECONOMIC SECURITY Child and Community Services Division

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:			o./Yr.):
The Self-E	mployed Client Co	mpletes All Sections Be	elow
Name (Last, First, M.I.):		Phone Number:	
Address:	City:	State:	ZIP Code:
Type of Business (Main activity, produ	uct or service of the busine	ess):	
Section 1: Enter the total gross income and deductions. (<i>This amount include and other income.</i>)		endered, rentals, commissions,	
		Month Total:	<u> </u>
Section 2: Choose one to calculate your gross monthly income.)	your net income amount.	(This amount will be deducted a	as business expenses from
40% standard deduction – If you Gross income minus allowable b Sections 3, 4, & 5. I have no business expenses- If employment income. Complete s	usiness expenses/actual by you select this option you	ousiness expenses – If you sele	
Section 3: List the month's business include materials, supplies, repairs, utilities, and labor costs (not including standard deduction will be applied if	gasoline, rent for business og salary paid to self-emplo	property use, telephone,	
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7. Total Expenses (add lines 1 through	gh 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 th	e information above is cor	rrect.	
Print name:			Date:
*Do not sign and date this form be	etore the last day of the i	montn.	