SELF EMPLOYMENT INCOME REPORT

Month of Report	Today's Date	Worker N	ame	Tax ID/LLC Number	Tax ID/LLC Number	
Name (Last, First, MI)						
Home Address		City		State	Zip	
Business Name Business Address (if		s Address (if not your home	f not your home address)			
	Entor the amount for the	provious month Koop roce	ords such as	receipts, etc. that list the amo	unts you ontor For	
				our share will be calculated la		
What percent of the business is owned by the appliant(s) listed above:Number of hours worked this more					ed this month:	
Income						
1. Gross receipts or sales, nety capital gains and other incomes					\$	
Expenses	,,				T	
2. Materials and supplies (including office supplies)					\$	
3. Wages (not including wages to yourself)					\$	
4. Commissions paid to your employees					\$	
5. Vehicle expenses (gas and maintenance)					\$	
6. Travel expenses for business away from home (meals, lodging, transportation other than claimed in the car and truck category in					category in	
line 5)					\$	
7. Rent on business property					\$	
8. Repairs on business equipment and property (Do not include vehicle costs as this will be entered on line 5)					Ş	
9. Business telephone and utlity expenses					Ş	
10. freight or shipping expenses					Ş	
11. Legal and professional services					\$	
12. Business insurance					\$	
13. Bank service charges to business					> 	
14. Interest charged to business debt (Do not include interest paid on rental property as this will be entered on line 19)					> 	
15. Advertising expenses					> 	
16. Dues and publications					\$ \$	
17. Depreciation					Ŷ	
18. Purchase of income producing real estate, capital assets and quipment, and durable goods (or principal payments on loans for the purchase price of these assets					loans for	
19. Interest payments on loans for the purchase price of income producing real estate, capital assets and equipments, and druable					ې ط طعينهانه	
goods.					u druable	
20. Other expenses (not including transportation to and from work)					<u>ې</u> د	
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21. TOTAL EXPENSES (Add lines 2 through 20 and enter the amount)					<u> </u>	
22. NET BUSINESS INCOME (or loss) (Subtract line 21 from line 1 and enter the amount)					Ś	
			amounty		۲ ۲	

I hereby certify that the information given is accurate to the best of my knowledge. I understand that I may be required to present records and documents to support he figures given.

Participant Signature

Date Signed