



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF CHILDREN'S WELLNESS
BUREAU OF CHILD CARE SERVICES (BCCS)
Child Care Assistance Program**



SELF EMPLOYMENT INCOME FORM

This form is an authorization to release the information concerning the verification of self-employment income, in order to determine eligibility for the child care assistance program with the Bureau of Child Care Services (BCCS). Please provide accurate and complete records of your income and allowable expenses which occurred during the requested reporting period. This information will remain confidential and will be used only to determine your eligibility for the child care assistance program.

NAME OF APPLICANT	REQUESTED MONTH/YEAR START - END

NAME OF BUSINESS	BUSINESS ADDRESS	BUSINESS EIN

Please complete one worksheet for each business. If the business has been operating for less than one year, include all number of months in operation.

I N C O M E												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Gross Receipt / Sales												
Other Gains / Income												
TOTAL MONTHLY GROSS INCOME												

Total each column, then add all MONTHLY GROSS INCOME column totals to get annual gross income.

Total Annual Gross Income:	
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A L L O W A B L E B U S I N E S S E X P E N S E												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Insurance												
Taxes and Licenses												
Other (Please describe)												
*Explain "Other" Expenses												
TOTAL ALLOWABLE MONTHLY EXPENSES												

Total each column, then add all MONTHLY EXPENSES column totals to get annual expenses.

Total Annual Expenses:	
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Calculate Estimated Monthly Income:	(Total Annual Gross Income)	-	(Total Annual Expense)	=	Subtotal	÷ 12	=	Estimated Monthly Income

This form must be accompanied by a business license and the most recent income tax return, in addition to other documents that may be requested by DPHSS - BCCS. I understand that I must complete this form as part of the requirements for self-employed individuals applying for childcare assistance. I declare that this information is true and accurate to the best of my knowledge. I understand the possibility of criminal charges for misrepresenting or concealing facts that determine eligibility.

Signature: _____

Date: _____