



GOVERNMENT OF GUAM  
**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT**



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GOVERNOR, MAGA'HAGA'  
  
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BUREAU of CHILD CARE SERVICES  
 130 UNIVERSITY DRIVE, ROOM 15 CASTLE MALL  
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**ARTHUR U. SAN AGUSTIN, MHR**  
DIRECTOR  
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DEPUTY DIRECTOR  
**TERRY G. AGUON**  
DEPUTY DIRECTOR

## SELF-EMPLOYMENT INCOME

A.	1)	Gross Receipts or Gross Sales	_____
	2)	Inventory at the end of the year	_____
	3)	Items withdrawn for personal use	_____
	<b>4)</b>	<b>TOTAL ITEM (A.1-3)</b>	_____

B.	1)	Inventory at the beginning of the year	_____
	2)	Merchandise purchased for resale during the year	_____
	<b>3)</b>	<b>TOTAL ITEMS (B.1-2)</b>	_____

**C. GROSS PROFIT** *(Subtract B.3 from A.4)* \_\_\_\_\_

D.	1)	Cost of doing business	
	a.	Cost of Labor <i>(Do not include your own salary)</i>	_____
	b.	Materials and Supplies	_____
	c.	Taxes on Business or Business Property	_____
	d.	Rent on Business Property	_____
	e.	Interest paid on Business Property	_____
	f.	Insurance Premiums paid on Business Property	_____
	g.	Legal or Professional fees	_____
	h.	Other business expenses <i>(Explain)</i>	_____
		_____	_____
		_____	_____
	<b>2)</b>	<b>TOTAL BUSINESS EXPENSE</b> <i>(Items D. 1a-h)</i>	_____

**E. TOTAL NET INCOME** *(Subtract D.2 from C)* \_\_\_\_\_

**F. When will income be received?** \_\_\_\_\_  
*(Monthly, during Summer months only, etc.)*