

Verification of Self-Employment School Readiness Program

Verification of Self-Employment Form

Regarding Self-Employment and Cash-Paid Employment

If you are paid in cash or check and your employer does not take out your taxes, or if you are operating your own business, then you are considered to be self-employed. Self-employed applicants shall provide appropriate documentation sufficient to determine a minimum of 20 hours of employment per week as well as income and any business expenses incured

	Parent/Guardian Inf	formation		
ast name: First name:			Middle name:	
Street address:	City:		State:	ZIP code:
	Business Inform	ation		
Business name:			Business	s start date:
itreet address:	City:		State:	ZIP code:
ype of business:	l	Business	phone numb	per:
Re	equired Business Doc	cumentation		
Please attach the following at initia	-			
VERIFICATION OF INCOME:				
Copy of most current /recentParent/Guardian Self-Employr				arnings; or
☐ Accounting ledgers ☐ Bank deposit slips ☐ Receipts ☐ Invoices	Account statements Canceled checks Credit card sales slips			
BUSINESS EXPENSES:				
Generally you may claim any husir	acc avaance that ic allo	wood by the Inter	nal Davani	ua Sarvica

Generally, you may claim any business expense that is allowed by the Internal Revenue Service (IRS), with the exception a deduction for depreciation.

Example of business expenses are:

- Materials/chemicals/supplies use to produce goods or services
- Space rent and business utilities (electricity, water, Internet, phone, etc.)
- Maintenance of business property
- Payroll or wages
- Business Insurance
- Vehicle expense for business purpose with documentation
- Legal, accounting or other professional fees



Verification of Self-Employment School Readiness Program

Verification of Self-Employment - Rev. 4.13.23 - Page 2 of 3

Self-Employment Work Hours and Income

WEEK ONE: Dates: through Monday from AM/PM to AM/PM \$ Tuesday from AM/PM to AM/PM \$ Wednesday from AM/PM to AM/PM \$ Thursday from AM/PM to AM/PM \$ Saturday from AM/PM to AM/PM \$ Sunday from AM/PM to AM/PM \$	Monday from AM/PM to AM/PI Tuesday from AM/PM to AM/P Wednesday from AM/PM to AM/P Thursday from AM/PM to AM/PI
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	_ Filiday ITOTH AIVI/PIVI to AIVI/P
Sunday from AM/PM to AM/PM \$	Saturday from AM/PM to AM/P
	Sunday from AM/PM to AM/P
TOTAL NUMBER OF HOURS, WEEK ONE:	TOTAL NUMBER OF HOURS, WEEK TWO:
TOTAL INCOME EARNED, WEEK ONE:	TOTAL INCOME EARNED, WEEK TWO:
TOTAL NUMBER OF CUSTOMERS SERVED:	TOTAL NUMBER OF CUSTOMERS SERVED:
Monday from AM/PM to AM/PM \$ Tuesday from AM/PM to AM/PM \$ Wednesday from AM/PM to AM/PM \$	Tuesday from AM/PM to AM/P Wednesday from AM/PM to AM/P
Friday from AM/PM to AM/PM \$	
Saturday from AM/PM to AM/PM \$	
Sunday from AM/PM to AM/PM \$	
TOTAL NUMBER OF HOURS, WEEK THREE: TOTAL INCOME EARNED, WEEK THREE: TOTAL NUMBER OF CUSTOMERS SERVED:	TOTAL NUMBER OF HOURS, WEEK FOUR: TOTAL INCOME EARNED, WEEK FOUR: TOTAL NUMBER OF CUSTOMERS SERVED:



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Self-Employment Expenses				
Pä	Parent/Guardian Name:			
	The customer who signs the receipts or invoices must be available by phone to verify the information if needed.			

Calculating expenses:

Note: Business expenses are the costs you incur to carry on your business. Expenses may only be deducted from income with supporting documentation. Your supporting documents should show the amounts paid for those business expenses. Such as: Receipts; Account statements; Invoices; Canceled checks.

Date	Paid to	Expense type	Check No.	Amount paid
	I		Monthly total:	\$

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.					
Parent/Guardian Signature	Date:				
	Verification of Self-Employment - Rev. 4.13.23 - Page 3 of 3				