





SELF-EMPLOYMENT STATEMENT

Name of person with	self-employment incom			
 Attach receipts an expenses. Complete one for Allowable Expenses Labor Fuel for equipmer Machinery and equipmer Office rent or lease Supplies (such as 	nd invoices or other door m for each member of y : nt (such as lawn mower juipment repairs e and utilities (business paint brush, shovel, ha repairs, insurance, ai	suments to verify your so your family who is self-east, chain saws) so use only) ammer, food for busines		and allowable
Pay Date	Income Earned	Work Performed	Type of Allowable Expenses	Amount of Expenses
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
Total Income	\$		Total Expenses	\$
Total Income Subtract Total Expenses Net Self-employment Income Percentage of Ownership				
The above information is true, correct, and complete to the best of my knowledge.				

CENTRAL HEALTH

Signature of person with self-employment income