EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

SELF-EMPLOYMENT WORKSHEET

CASE NAME:_____ CASE NUMBER:_____ WORKER NUMBER:_____

THIS WORKSHEET IS FOR THE MONTH/YEAR OF:_____ FOR BUSINESS NAME OF: _____

SELF-EMPLOYED PERSON'S NAME:_____

INCOME					EXPENSES			
Date Worked	Hours Worked	Date Paid	Amount Paid	Customer Name/or Item Sold	Date Paid	Cost	Type of Expense	Paid To
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
			$			$		
Totals:			$			$		

I declare under penalty of perjury that the above information is true and correct. I understand I must include and declare **all** income received (including any cash payments) and provide receipts for all *income received* and *expenses paid*. I also understand that I must report the above information on my quarterly eligibility income report form.

SIGNATURE OF SELF-EMPLOYED PERSON: _____ DATE: _____