



**Activity  
Period:**

**Home-Based Child Care Provider Form (Self-Employed, using your home to provide child care services)**  
*Program Year: September 2009 - August 2010*

**Attention:** In addition to completing this form, you must submit any additional documentation that proves your self-employment status.

**For Private Pay** (someone pays you directly):

- 1) Quarterly Estimated Tax Payments (Form 1040ES) that cover the activity period.
- 2) You must document all the hours you worked during the two-month activity period by using the chart below and attaching adequate documentation (e.g. letters from parents).

**For Voucher Payment:**

- 1) Complete the chart below and attach copies of NYC ACS Voucher Payments for the two-month period.

**Participant Details**

First Name:	Last Name:	Family ID#:
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**Business Details**

Address of Business:	Phone Number:	License #:
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**Income Details**

Name of Child	No. of Hours Worked Per Week	No. of Weeks Worked in Period	Documentation Attached? Check box if Yes
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>
<b>TOTAL:</b>			

**Declaration**

I declare that the information I have given on this form is correct and complete

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_