



Activity Period:

Small Business Form (Self-Employed)

Program Year: September 2009-August 2010

Attention: In addition to completing this form, you must submit any additional documentation that documents your self-employment status, such as:

- 1) Quarterly Estimated Tax Payments (Form 1040ES) that cover the activity period.

And

- 2) Documentation of hours worked. 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 clients, rental agreements for use of a chair in a salon, and invoices to clients).
- 3) Records of Earnings/Expenses (Business Records, Financial Status Form, Profit and Loss Statement, etc) for the two month period. **Remember, only taxable earnings can be counted as part of your self-employment income**

| Participant Details | | |
|---------------------|------------|-------------|
| First Name: | Last Name: | Family ID#: |

| Business/Income Details | | | | |
|-------------------------|------|---------------------|--------------|---|
| Name/Type of Business: | | | | |
| | Week | No. of Hours Worked | Gross Income | Documentation Attached? Check box if Yes |
| 1. From: | To: | | | <input type="checkbox"/> |
| 2. From: | To: | | | <input type="checkbox"/> |
| 3. From: | To: | | | <input type="checkbox"/> |
| 4. From: | To: | | | <input type="checkbox"/> |
| 5. From: | To: | | | <input type="checkbox"/> |
| 6. From: | To: | | | <input type="checkbox"/> |
| 7. From: | To: | | | <input type="checkbox"/> |
| 8. From: | To: | | | <input type="checkbox"/> |
| TOTAL: | | | | |

| Declaration |
|---|
| <p>I declare that the information I have given on this form is correct and complete</p> <p>Signature: _____ Name: _____ Date: _____</p> |