Self-Employment Verification of Income

Date:	PELICAN ID#:						
	Self-employment income covers the period From//To//						
	Number of weeks self-employment income covers:						
	CLIENT IDENTIFICATION						
	LAST NAME:	FIRST NAME:		MIDDLE NAME:		1	
	STREET:	CITY:		STATE:	ZIP CODE:	-	
	HOME/CELL PHONE NUMBER:	SOCIAL SECURITY N	UMBER:	DATE OF BIRTH:	AGE:	-	
	BUSINESS INFORMATION						
	BUSINESS NAME:			DATE BUSIN	DATE BUSINESS STARTED:		
	BUSINESS PHONE NUMBER:	BUSINESS ADDRESS:					
	NATURE OF BUSINESS CORPORATE STATUS OF BUSINESS (Please check one of the following): Sole Proprietorship - Partnership - S Corporation - Limited Liability Corp						
	Tot	tal amount of gross recei	•	iporation Limited	¢	J	
	*Gross Receipts are the incomporting documents which	ome you receive from your	business. You:		Ψ	_	
		amount of business expe the costs you incur to car ald show the amounts paid	ry on your busine		\$	_	
Total amount of net income*: \$ *Net income is equal to gross receipts minus business expenses.						_	
REQUIRED BUSINESS DOCUMENTATION ATTACHED							
PLE/	PLEASE ATTACH THE FOLLOWING: Copy of most recent Federal Income Tax Return						
IF Y	J ARE UNABLE TO PROVIDE A FEDERAL INCOME TAX RETURN, PLEASE CHECK AND ATTACH ONE OF THE FOLLOWING:						
	☐ Accounting ledgers☐ Bank deposit slips		Account stateme				
	Cash register tapes		Credit card char				
	Invoices		Credit card sales	-			
	Any other document that reas gross profit or allowable dedu						

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Self-Employment Verification of Income

Date	e:	PELICAN ID#:		
•	correct and complete to the best of my ability, knowle subject to 18 Pa. C.S. § 4904 (relating to unsworn fine, imprisonment or subsidized child care ineligibility status. I understand that if I receive sub-	o me in full and that all information I have given is true, edge and belief. I understand that my statement is made falsification to authorities) and I can be penalized by lity for making any false statements that may affect my sidized child care for which I was not eligible, I will be tof child care I received in error.		
	XParent/Caretaker Signature	X Date		

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