

**CHILD CARE SERVICES  
SELF-EMPLOYMENT VERIFICATION**



Name: \_\_\_\_\_ Twist ID: \_\_\_\_\_

Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

To verify your business, please provide one of the following:

- Current property titles, deeds, tax records, or rental agreement for the place of business
- Recent business bank statement
- Recent business phone, utility, or insurance bill
- Recent state sales tax return
- Recent business records that provide proof of income and expenditures, such as
  - Copies of money orders or checks received and lists of individuals/ customers served (if applicable)
  - Personal wage records with third party signed verification
- Current business registration or license (i.e., DBA license or professional license)

To verify your gross business income, please provide one of the following:

- Most recent IRS Form 1040 with Schedule C, F, or SE federal income tax returns
- Most recent IRS Tax Transcript
- Most recent statement of profit/ loss
- Most recent three months of business bank statements
- Most recent three months of invoices or lists of customers served with dates and identifying information (such as addresses)
- Personal receipt book of business activity and income
- Personal payment records with third party signed verification

**A. Gross Income**

Gross income or receipts during the three month determination period:

Week #	Week ending date	Gross income for week	Week #	Week ending date	Gross income for week
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7					

Workforce Solutions Cameron Equal Employment Opportunity Employer/Program.

Auxiliary Aids are available upon request to individuals with disabilities. Relay: 1-800-735-2989 (TYY) / 711 (Voice).

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de los documentos, sin ningún costo y a solicitud.

## SELF EMPLOYED VERIFICATION



### A. Expenses

You may choose to deduct a standard amount in lieu of itemizing expenses. If you choose to itemize your expenses, please provide receipts for operating expenses such as rent, utilities, gas, booth rental, payroll, etc.

Please select one:

- Itemized expenses  
 Standard deduction (30% of gross income)

If itemizing expenses, please complete the following for the 3-month determination period:

Rent	\$	Other (specify)	
Telephone	\$		\$
Utilities	\$		\$
Supplies	\$		\$

Total expenses or standard deduction (B): \$ \_\_\_\_\_

Subtract expenses (B) from gross income (A) for net profit (includable income): \$ \_\_\_\_\_

I, \_\_\_\_\_, certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WFSC Office Staff Signature

\_\_\_\_\_  
Date

**Comments:**

  
  
  
  
  
  
  
  
  
  

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