

SELF EMPLOYMENT INCOME

Client's Name: _____

Business Name: _____

Business Address: _____

Please select a box for your self employment deduction (***select only one***):

I would like to do itemized deductions

- 1) I have all of my expenses invoices, receipts, and other supporting documents
- 2) For businesses within the home residence: We DO NOT allow these deductions for business spaces that are used for both personal and business use. These costs may only be deducted if the business space is used exclusively and regularly for business purpose shown through billing records.
- 3) I am aware that not all expenses can be deducted, based on policy guidelines.

I would like to take up to 50% deduction each month for my expenses

Month/Year		Gross Revenue		For Hopelink Staff only. Please do not fill out this section	
				Deduction	TOTAL Net
1	/		—		\$ -
2	/		—		\$ -
3	/		—		\$ -

Notes:

I certify that the information contained in this employment statement is complete and accurate.
I understand that I am signing this declaration under penalty of criminal prosecution if I knowingly give false information that results in assistance for which I am not eligible.

Client Signature

Staff Signature

Date

Date