Client Name:

## 7 (PERMANENT)

Client Number:

## **SELF-EMPLOYMENT RECORD**

Address:	Caseload Number:					
This self-employment income is for the period of		through		4.10		
Because you are self-employed, you are require Department of Human Services. This information eligibility for assistance, you must provide us with you pay out. To do this you must write down all had in producing your income. Be sure to inclustate your receipts.	on is to be suppli th accurate and money you take	ed with your EI Ri complete records in and its source	EDE application. In order to de of money you take in and the v . You must also write down any	termine your work expenses y expenses you		
Expenses of producing income include but are negalaries, and loan payments. You may choose whore than once. You may only claim the percentised for business purposes. Depreciation, charmal business expenses.  If you wish, you may use this form to keep your theep accurate records of your self-employment in the self-employ	what month you ntage of the vehi itable contribution records. You ar income and exp	want to claim and cle costs equal to ons, entertainment e not required to d enses. The Depa	expense, but you cannot claim to the percentage of mileage that to and personal expenses are Not complete this form, but you are artment will need a copy of the	the expense the vehicle is OT allowable required to e record you		
Business Income Source	Date Received	Gross Income		Amount		
				-		

## 7 (PERMANENT)

## **SELF-EMPLOYMENT RECORD**

Business Income Source	Date Received	Gross Income	Business Expenses Expense/ItemPurchased/ Paid to Whom	Amount
9				