



# Community Child Care Council (4Cs) of Alameda County

*Providing Services to Families, Children, and Childcare Professionals since 1972*

## Self-Employment Income Statement

<b>Parents Name:</b>	
<b>Month of Payment:</b>	<b>Type of Business:</b>
<b>Tips Received:</b>	<b>Total Hours Worked:</b>
<b>Monthly Income: \$</b>	<b>Monthly Business Expenses: \$</b>
<b>Deduct Countable Business Expenses from Monthly income</b>	<b>\$ _____ Minus _____ = Countable income \$ _____</b>

**Please list all your clients' information in the spaces below. Please submit all Copies of Client Appointment Logs, Copy of Deposited Checks (Front and Back Copies from bank), Cash Receipts and Expense Report, etc. All business expenses must have a receipt of purchase. Income statements are due the 1st of each month.**

Date Worked	Clients Name	Clients Address Phone Number	Job Start and Stop time	Amount paid by Client
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
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			___ am/pm to ___ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____

