

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

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

## **Self- Employment Income Statement**

Parents Name:				
Month of Payment:	Type of Business:			
Tips Received:	Total Hours Worked:			
Monthly Income: \$	Monthly Business Expenses: \$			
<b>Deduct Countable Business Expenses from Monthly income</b>	<b>\$Minus</b> = Countable income <b>\$</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	Clients	Clients Address	Job Start and Stop time	Amount paid by Client
Worked	Name	Phone Number		
			am/pm toam/pm	Cash Check
			am/pm toam/pm	Cash Check S
			am/pm toam/pm	Cash Check S
			am/pm toam/pm	Cash Check S
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Please list all business	expenses for the month you ar	re reporting. Please attach all recei	ipt		
Date Type of Expe	nse Qty	Cost \$			
		Total Business Expenses	S		
TURN IN CASH RECIEPTS IF YOU ARE PAID IN CASH OR DEPOSIT SLIPS IF PAID WITH A PERSONAL CHECK					