7 (PERMANENT)

SELF-EMPLOYMENT RECORD

Client Name:		Client Number: Caseload Number:			
Address:					
This self-employment income is for the period of		through			
Because you are self-employed, you are required 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 nead in producing your income. Be sure to include save your receipts.	n is to be supplion on accurate and onney you take	ed with your EI R complete records in and its source	EDE application. In order to deto s of money you take in and the w . You must also write down any	ermine your ork expenses expenses you	
Expenses of producing income include but are no salaries, and loan payments. You may choose we more than once. You may only claim the percent used for business purposes. Depreciation, charitabusiness expenses. If you wish, you may use this form to keep your re-	hat month you age of the vehice able contribution ecords. You are	want to claim an cle costs equal to ns, entertainmen	expense, but you cannot claim the the percentage of mileage that to the personal expenses are NC complete this form, but you are re-	ne expense the vehicle is OT allowable equired to	
keep accurate records of your self-employment in choose to use. If you do complete this form, you					
Business Income Source	Date Received	Gross Income	Business Expenses Expense/ItemPurchased/ Paid to Whom	Amount	

Return this form to: SAL Child Care Connection

3425 N Dries Ln

Peoria IL 61604 1-800-421-4371 FAX: 309-686-3850

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7 (PERMANENT)

SELF-EMPLOYMENT RECORD

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

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