

## **Weld County CCCAP Self-Employment Income Verification Form**

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Complete a separate form for each person in your household who earns income from self-employment activities. Please complete all required fields.

Adult Caretaker Name:

Phone:

Address:

Business Name (optional):

Is your business an LLC or S-Corp? If yes proceed to page 2.                      Yes                      No

**If yes, please complete for ONLY amount paid to you as employee of the company (verification required) and hours worked. Please do not complete for expenses.**

### **Self-Employment Income**

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Document your self-employment income and activities for the most recent 30 days of income. I understand that if childcare is provided for my self-employment activities, then the taxable gross wages divided by the number of hours worked must equal at least the current federal minimum wage to continue receiving childcare.

Month:

Year:

Monthly Gross income from self-employment (before expenses):

Expenses (Verification must be attached to this completed form):

Business rent/mortgage expense:

Gross labor business costs (money paid out to employees):

Cost of merchandise for business:

Business taxes paid:

Interest paid for business:

Utilities paid for business:

Business equipment costs:

Vehicle expense - mileage only while working X current IRS mileage rate =

Other business costs (describe):

Subtotal of expenses:

Date	Hours	Work Activity
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		
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27 <sup>th</sup>		
28 <sup>th</sup>		
29 <sup>th</sup>		
30 <sup>th</sup>		

I must provide proof of my self-employment expenses. Examples: receipts, income tax returns, bookkeeping records, bank statements, and/or letters from customers or copies of work agreements. I understand that a person found to have intentionally given false information by deed or omission cannot get childcare assistance for twelve (12) months for the first offense, twenty-four (24) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws. I certify the information presented in this form is true and accurate to the best of my knowledge.

Adult Caretaker Signature

Date