Self-Employment Log

Client Name: _____ Last 4 SS#: XXX-XX-_____

Week Beginning: _____ Week Ending: _____

INCOME (ONLY for WT and SNAP E&T Programs) ***Must include proof of income like copies of checks, money orders, etc.		
Date	Source – Who paid you	Amount
	Total Gross Income:	0.00

EXPENSES (ONLY for WT and SNAP E&T Programs) ***Must include proof of the business expenses like copies of receipts		
Date	Source – Expense item	Amount
	Total Business Expenses:	0.00

Note: ONLY for WT and SNAP E&T Programs.
You MUST submit proof of ALL income (i.e.: copies of checks, proof of the income received), and business expenses (i.e.: copies of receipts, etc.) reported on this Log. CareerSource Suncoast Programs cannot give you credit for the income/expenses without valid proof.

'I certify, by my signature, that I have read and acknowledge the information on this form is true and accurate. I further understand the above information, if misrepresented or incomplete may be grounds for termination and/or penalty as specified by law.'

_____ _____ _____
Client Printed Name Client Signature Date

CareerSource Suncoast Office Use Only:

Calculation: (Gross Income: $ 0.00) - (Business Expenses: $ 0.00) = Net Pay $ 0.00

Net Pay $ 0.00 ÷ (minimum wage) = _____ # of hours worked.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.