

ITEMIZED EXPENSE REPORT

Self Employment Form B

Month/Year: _____

Total Hours Worked: _____

Expenses - must attach copies of receipts for all items expensed

1. Rent (For business space only-contract on file)	\$
2. Advertisement (Examples on file)	\$
3. Insurance	\$
4. Taxes & License (License on file)	\$
5. Supplies or Cost of Goods Sold	\$
6. Utilities (For business use only)	\$
7. Auto Expenses (For business use only)	\$
8. Other (Give detail):	\$
	9. Total Expenses (Lines 1 through 8) \$

Total Gross Income must be verified

10. Gross Income	\$
11. Net Income (Line 10 minus line 9)	\$

I understand that by declaring self-employment status, my services will be updated and reviewed at least every four months.

I understand that as a self-employed parent, I must provide CAPMC/APP my completed and signed tax returns on a yearly basis.

I, _____ under the penalty of perjury of the State of California and County of Madera, do hereby attest that the above information is true and correct.

Signature _____

Date _____