



SELF-EMPLOYMENT SWORN STATEMENT

Case Name:
 Case Number:
 Worker Name:
 Worker Number:
 Worker Telephone:
 Date:

Business Name: _____ Self-Employed Person's Name: _____

Instructions: Complete this form when reporting all self-employment GROSS income received and expenses paid in a month. If receiving Medi-Cal, Food Stamps, and/or CalWORKs, provide proof of income and expenses. EXCEPTION: If receiving CalWORKs, Food Stamps, and/or Section 1931(b) medical benefits, AND you chose to use 40% of your gross income as expenses, you do not need to list or verify your expenses.

MONTH: _____

TOTAL HOURS WORKED THIS MONTH: _____

ATTACH ALL RECEIPTS

DAILY INCOME		
Date	Total Amount Received	Customer Name or Item Sold
TOTAL	\$	

DAILY EXPENSES				
Date	Cost	Type of Expense	To Whom Paid	Work Miles
TOTAL	\$			

Work related mileage is defined as miles traveled as part of your business. Do not include miles traveled between home and place of business. If claiming expenses, indicate the mileage traveled for each vehicle used for business during this month:

Vehicle #1 Beginning Month Mileage: _____ End of Month Mileage: _____
 Vehicle #2 Beginning Month Mileage: _____ End of Month Mileage: _____

I certify that this statement has been examined by me and that the information given is true and correct to the best of my knowledge and belief.

I declare under penalty of perjury under the laws of the United States and the State of California that the information contained in this report is true and correct and is complete for the entire month.

Date: _____ Signature of Self-Employed Person: _____



SELF-EMPLOYMENT SWORN STATEMENT

Case Name: _____

Case Number: _____

Worker Name: _____

Worker Number: _____

Worker Telephone: _____

Date: _____

Business Name: _____ Self-Employed Person's Name: _____

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Date: _____ Signature of Self-Employed Person: _____