

West Virginia Department of Health and Human Resources Application for Child Care Services

Self Employment Ledger

Notice: The following form is to record income and expenses for self-employment income and must be supported with receipts. This information is confidential and will be used only to determine your eligibility for child care assistance. However, your case manager may contact sources listed on this form to verify the information.

Self Employment Overview

In order to determine your eligibility for child care assistance, you must show that you meet the income eligibility guidelines for assistance. You must provide accurate business records detailing all income received and all business expenses paid. If you have an outside accountant, or other means of tracking your business income and expenses (such as computer programs like Quicken or Microsoft Money) you may supply these records instead of using this form. However, if you do not have other business records, or if your other methods of tracking your income do not appropriately show that you meet eligibility requirements, you may be required to complete this form as well. Please be advised that business receipts and/or invoices, or additional verifications may be required as proof of income or expense.

In addition to business records, you must provide a current copy of your State of West Virginia Business Registration and copies of any other licenses/permits to do business as required by state law.

How to Use the Self Employment Ledger Form

Part I is a record of income from your business. Use this chart to record all income. On the last row, total the amount of income received for the tracking period. If needed, make additional copies of this page to account for all income received in the tracking period.

Part II is a record of your business expenses. Use this chart to track all business expenses for the tracking period. Use the last row to total all business expenses. If needed, make additional copies of this sheet to account for all business related expenses in the tracking period.

Part III is a record of the number of hours worked per week. Use the chart provided to track the number of hours worked per week.

| I, | , am | providing this | s writte | n statement of my income | | | | |
|---|-------------------|---------------------|---------------------------|--------------------------|--|--|--|--|
| Name | | | | | | | | |
| and expenses from m | Name or | nd type of husiness | business for the tracking | | | | | |
| and expenses from my business for the tracking Name and type of business Period beginning and ending | | | | | | | | |
| | | | | · | | | | |
| Part I. Income: If needed, make additional copies of this page. Don't forget to total. | | | | | | | | |
| Date | Source (client, | sale, project, | , etc.) | Amount | | | | |
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| | | | | TOTAL: | | | | |
| I certify this is true | and correct to th | ne best of my k | nowledg | ne. | | | | |
| Client | : Signature | | | // Date | | | | |

| Name: | Period | / to | _// |
|----------------|--|------------------------|---------------------|
| Part II. Exp | enses If needed, make additional co | pies of this sheet. Do | n't forget to total |
| Date | Type of Expense (rent, supplies, business advertising, etc.) | Amount | |
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| | | TOTAL: | |
| [certify this | is true and correct to the best of m | y knowledge. | |
| | Client Signature | | _// / Date |

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| | Period/ to// | | | | |
|---|--------------|-------------------------------|-------|----------------------------|---------------------------------------|
| Part III. Hours Worked Per Week. | Track t | the numbe | er of | hours worke | d per week. |
| Week Tracking | | ١ | Vumbe | er Of Hours | Worked |
| Week 1 | | | | | |
| Week 2 | | | | | |
| Week 3 | | | | | |
| Week 4 | | | | | |
| Week 5 | | | | | |
| Week 6 | | | | | |
| Week 7 | | | | | |
| Week 8 | | | | | |
| Week 9 | | | | | |
| Week 10 | | | | | |
| Week 11 | | | | | |
| Week 12 | | | | | |
| Week 13 | | | | | |
| Week 14 | | | | | |
| Week 15 | | | | | |
| Week 16 | | | | | |
| Total Number of Weeks Tracked: | | Total No | umber | of Hours V | Vorked: |
| For | Worker | · Use Only | | | |
| 1. Monthly Gross Income Computation: | | | | | |
| = | _ ÷ | | _=_ | | |
| Income Expense Gross Tracking Total Period Income | | of Months in racking Perio | | Monthly Gross | Income |
| 2. Min. Wage Met? □ Yes □ No | | | _ ÷_ | | = |
| | | Tracking d Income | | Total # of Hours Worked | s Hourly Wage |
| 3. Min. Work Hours Met? □ Yes □ No | | ÷ | | =_ | |
| | | tal Hours Vorked | | # of Weeks racked | Average # of Hours Worked per Week |