

SELF-EMPLOYMENT LEDGERThis document must be completed correctly or it will be returned

Name of Business Owner: _____

Business Name: _____

Business Mailing Address: _____

City, State, Zip Code: _____

Self-Employment Begin Date (month/day/year): _____

Dates Covered: _____ through _____

Gross Income			Expenses (Cost of Self Employment		
Date					Amount
Received	Source of Income	Amount	Date Paid	Type of Expense	Paid

With my signature, I certify I have listed all income and expenses. I also certify that I have receipts or some type of verification on file for all listed income and expenses reported on this document, and I will keep them on file for at least one year from date reported.

Signature_____
Date