Joe Lombardo
*Governor*

Laura Rich
*Director*

# DEPARTMENT OF HUMAN SERVICES

## DIVISION OF SOCIAL SERVICES

*Helping people. It's who we are and what we do.*

Robert H. Thompson
*Administrator*

☐ TANF ☐ MEDICAID ☐ SNAP

Date: _____
Case Name: _____
Case ID: _____

**SELF-EMPLOYED/TIP STATEMENT**

**EARNED INCOME STATEMENT FOR** _____
Month, Year

This report should be a daily record kept of all income and expenses for your business, as required by the federal government for IRS and Social Security (your records and receipts may be requested to verify this report).

| DATE | INCOME | TIPS | EXPENSE | # OF HOURS | DATE | INCOME | TIPS | EXPENSE | # OF HOURS |
|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | 16th | | | | |
| 2nd | | | | | 17th | | | | |
| 3rd | | | | | 18th | | | | |
| 4th | | | | | 19th | | | | |
| 5th | | | | | 20th | | | | |
| 6th | | | | | 21st | | | | |
| 7th | | | | | 22nd | | | | |
| 8th | | | | | 23rd | | | | |
| 9th | | | | | 24th | | | | |
| 10th | | | | | 25th | | | | |
| 11th | | | | | 26th | | | | |
| 12th | | | | | 27th | | | | |
| 13th | | | | | 28th | | | | |
| 14th | | | | | 29th | | | | |
| 15th | | | | | 30th | | | | |
| | | | | | 31st | | | | |

I received a total income of $ _____

I worked a total of _____ hours. My total expenses were $ _____ .

| Client Signature | Print Name | Date | Telephone Number |
|---|---|---|---|
| | | / / | |