

# STATEMENT OF PROFIT AND LOSS (v2-16)

## (Self-Employment Form)

Applicant/Co-Applicant: \_\_\_\_\_ Previous Calendar Month: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Start-Up Date (mm/dd/yy): \_\_\_\_\_

Business Name: \_\_\_\_\_ Are you licensed by the State?  YES  NO

Business Address: \_\_\_\_\_

Are you registered with Secretary of State (Indiana):  YES  NO Do you have an EIN number?  YES  NO

Instructions: Use the table below to provide a statement of your profit/loss for the previous calendar month. Please provide revenue (money collected for the sale of your goods or service). You may consider any expense considered as such by the Internal Revenue Service (IRS) a legitimate expense for CCDF purposes.

	Revenue	Expense	Profit/Loss
<b>TOTAL REVENUE</b>			
<b>For the Previous Calendar Month:</b>			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
<b>TOTAL EXPENSES</b>			
<b>Profit/Loss (Revenue – Expenses)*</b>			

**PLEASE NOTE:** You must also provide a copy of your IRS tax transcript (requested on IRS form 4506T-EX) for your most recently completed tax year, unless taxes have not been filed due to Business Start-Up Date.

As a new business (less than 8 weeks), I am requesting \_\_\_\_\_ hours per week of child care to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If there is a co-applicant working in this business, please complete this section.)**

As a new business (less than 8 weeks), I am requesting \_\_\_\_\_ hours per week of child care to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Co- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_