

SELF-EMPLOYMENT LEDGER

(INCOME VERIFICATION)

NAME: _____

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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(Circle the month reporting)

Gross Business Deposits _____

Business Expenses

Insurance _____

Labor _____

Laundry _____

Merchandise/Inventory _____

Mortgage interest _____

Rent _____

Taxes _____

Upkeep of equipment _____

Utilities _____

Supplies _____

Professional Services _____

Education/Licensing/Certification _____

Business-Related travel (except travel to and from work) _____

Other: _____

Total Business Expenses _____

Net Profit (Gross Business Deposit minus Total Business Expenses) _____

Business Description: _____

I state that I have examined this report and believe it to be a true and complete record of my income/expenses.

Signature

Date