



CHILD CARE SERVICES SELF-EMPLOYMENT VERIFICATION

Name: _____ TWIST ID: _____

Business: _____ Phone #: _____

Type of Business: _____

To verify your business, please provide one of the following:

- Current property titles, deeds, tax records, or rental agreement for the place of business
- Recent business bank statement
- Recent business phone, utility, or insurance bill
- Recent state sales tax return
- Recent business records that provide proof of income and expenditures, such as
 - copies of money orders
 - checks received
 - lists of individuals/customers served (if applicable)
- Personal wage records with third party signed verification
- Current business registration or license (i.e., DBA license or professional license)

To verify your gross business income, please provide one of the following:

- Most recent IRS Form 1040 with Schedule C, F, or SE federal income tax returns
- Most recent IRS Tax Transcript
- Most recent statement of profit/loss
- Most recent three months of business bank statements
- Most recent 3 months of invoices or lists of customers served with dates and identifying information (such as addresses)
- Personal receipt books of business activity and income
- Personal payment records with 3rd party signed verification

A. Gross Income

Gross income or receipts during the 3-month determination period:

Week #	Week ending date	Gross income for week	Week #	Week ending date	Gross income for week
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7					



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B. Expenses

You have the option to itemize expenses or not itemize expenses and use the gross income. If you choose to itemize your expenses, please provide receipts for operating expenses such as rent, utilities, gas, booth rental, payroll, etc.

Please select one: Itemized expenses Standard deduction (30% of gross income)

If itemizing expenses, please complete the following for the 3-month determination period:

Rent	\$	Other (specify)	
Telephone	\$		\$
Utilities	\$		\$
Supplies	\$		\$

**Receipts provided must be related to Business Expenses.*

Total Expenses or standard deduction (B): \$ _____

Subtract expenses (B) from gross income (A) for net profit (includable income): \$ _____

I, _____, certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

Applicant Signature

Date

CCS Specialist Signature

Date

Office Use Only: