



## Annual Statement of Business Income

Head of Household Name: \_\_\_\_\_

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

Name of Self-Employed Person: \_\_\_\_\_

\_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

Timeframe provided (must be the last 12 months): \_\_\_\_\_ to \_\_\_\_\_

If you have filed a tax return for the previous year, you must provide a copy of your most recent tax return, including form 1040, Schedule C and Schedule SE if applicable. If you did not file a tax return, the attached Statement of Income and Expenses form must be filled out for each month which income was received. Please note that DCA uses the IRS Self Employment Guidelines for expenses and deductions.

### Gross Income

Gross Receipts or Sales \$ \_\_\_\_\_

**Total of Gross Income** \$ \_\_\_\_\_

### Business Expenses

Employee's salaries \$ \_\_\_\_\_

Cost of Materials/Goods/Inventory \$ \_\_\_\_\_

Rent for business \$ \_\_\_\_\_

Tax on Business Property \$ \_\_\_\_\_

Business Phone/Utilities \$ \_\_\_\_\_

Vehicle Expense/Mileage \$ \_\_\_\_\_

(Not to and from home)

Advertising \$ \_\_\_\_\_

Insurance/Worker's Compensation \$ \_\_\_\_\_

Interest on Business Loans \$ \_\_\_\_\_

Legal/Professional fees \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Business Expenses** \$ \_\_\_\_\_

**Total Gross Income \$ \_\_\_\_\_ Less Total Expenses \$ \_\_\_\_\_ = Net Income \$ \_\_\_\_\_**

I certify that all the information provided on this form is true and complete to the best of my knowledge and belief. I know that I am required to provide documentation of income and expenses with this form. I understand if I don't provide adequate documentation my housing assistance could be terminated. I know that it is my responsibility to report any increase in my self-employment income within 10 business days of the effective date of the change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date