STATEMENT OF SELF-EMPLOYMENT INCOME

Sole Proprietor Income Verification

1. BUSINESS & PERSONAL INFORMATION

Proprietor's Full Name

Business Name (DBA, if applicable)

Business Type / Industry

Business Phone Number

Business Address (Street, City, State, ZIP)

2. REPORTING PERIOD

Start Date

End Date

3. GROSS REVENUE & COST OF GOODS SOLD

Description	Amount
Gross Receipts or Sales	
Other Income (e.g., commissions, interest)	
Less: Cost of Goods Sold (if applicable)	
Total Gross Revenue	

4. BUSINESS EXPENSES

Expense Category	Amount
Advertising and Marketing	
Car and Truck Expenses	
Insurance (other than health)	
Office Expenses & Supplies	

Expense Category	Amount
Rent or Lease (Vehicles, Machinery, Real Estate)	
Utilities and Telephone	
Other Expenses (Itemize below)	
Total Business Expenses	

5. NET SELF-EMPLOYMENT INCOME SUMMARY

Total Gross Revenue (Section 3)	
Less: Total Business Expenses (Section 4)	
Net Self-Employment Income	

6. CERTIFICATION & ACKNOWLEDGMENT

I hereby certify and declare under penalty of perjury that the information provided in this Statement of Self-Employment Income, including the accompanying schedule of revenue and expenses, is true, accurate, and complete to the best of my knowledge. I understand that this information may be subject to verification by the requesting entity.

Sole Proprietor Signature

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Date

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