MONTHLY PASSIVE REVENUE DECLARATION

Statement of Passive Income Streams

DECLARANT NAME

ADDRESS

REPORTING PERIOD (MONTH/YEAR)

CONTACT / EMAIL

REVENUE BREAKDOWN

Source / Description of Passive Income	Platform / Payer	Gross Amount	Deductions/Fees	Net Amount
	Total			

DECLARATION & ATTESTATION

I hereby declare and certify under penalty of perjury that the information contained in this Monthly Passive Revenue Declaration is true, accurate, and complete to the best of my knowledge. I understand that this information may be subject to verification and audit.

DECLARANT SIGNATURE

DATE