SELF-EMPLOYMENT INCOME STATEMENT

Freelancer Name:

Business Name:

Profession/Type:

Statement Period:

Date Prepared:

1. GROSS REVENUE / INCOME

Date	Client / Source	Description of Services	Amount
		Total Gross Revenue:	

2. OPERATING EXPENSES

Date	Expense Category	Description	Amount
		Total Operating Expenses:	

3. NET INCOME SUMMARY

Total Gross Revenue	

Less: Total Operating Expenses	
Net Self-Employment Income	

I hereby declare and affirm that the financial information and figures stated in this document are true, accurate, and complete to the best of my knowledge and records.

Freelancer Signature

Date