STATEMENT OF SELF-EMPLOYMENT INCOME

Independent Business Income Statement

Business Owner Name:

Business Name:

Business Address:

Reporting Period From:

Reporting Period To:

Tax ID / SSN:

REVENUE

Description of Income Source	Amount ($)
Gross Receipts / Sales	
Other Business Income	
Total Gross Revenue	

OPERATING EXPENSES

Expense Category	Amount ($)
Advertising and Marketing	
Office Supplies and Postage	
Rent or Lease (Vehicle/Equipment/Property)	
Utilities and Phone	
Travel and Meals	
Insurance (other than health)	
Legal and Professional Services	
Taxes and Licenses	
Other Expenses:	
Other Expenses:	
Total Operating Expenses	

NET CALCULATION

Gross Revenue (minus Total Expenses)	
Net Self-Employment Income	

I certify that the information provided on this income statement is true, accurate, and complete to the best of my knowledge.

Signature of Business Owner

Date