STATEMENT OF SELF-EMPLOYMENT EARNINGS

INDEPENDENT CONTRACTOR PROOF OF INCOME

CONTRACTOR INFORMATION

FULL NAME:

BUSINESS NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

SSN / EIN:

STATEMENT PERIOD

START DATE:

END DATE:

GROSS INCOME SOURCES

DATE / PERIOD	CLIENT / SOURCE DESCRIPTION	AMOUNT RECEIVED ($)

BUSINESS EXPENSES

EXPENSE DESCRIPTION / CATEGORY	AMOUNT ($)

EXPENSE DESCRIPTION / CATEGORY	AMOUNT ($)

Total Gross Income: $ _____

Total Business Expenses: $ _____

Net Self-Employment Income: $ _____

I hereby certify and declare under penalty of perjury that the information provided in this statement, including the accompanying income and expense details, is true, accurate, and complete to the best of my knowledge and belief.

_____

INDEPENDENT CONTRACTOR SIGNATURE

_____

DATE