

**CHILD CARE SERVICES  
SELF-EMPLOYMENT VERIFICATION FORM**

Employee Name: \_\_\_\_\_ TWIST ID: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

To verify your business, **please provide** one of the following:

- Current property titles, deeds, tax records, or rental agreement for the place of business
- Recent business bank statement
- Recent business phone, utility, or insurance bill
- Recent state sales tax return
- Recent business records that provide proof of income and expenditures, such as
  - Copies of money orders or checks received and lists of individuals/customers served (if applicable)
  - Personal wage records with third party signed verification
- Current business registration or license (i.e., DBA license or professional license)

To verify your gross business income, **please provide** one of the following:

- Most recent IRS Form 1040 with Schedule C, F, or SE federal income tax returns
- Most recent IRS Tax Transcript
- Most recent statement of profit/loss
- Most recent three months of business bank statements
- Most recent 3 months of invoices or lists of customers served with dates and identifying information (such as addresses)
- Personal receipt books of business activity and income
- Personal payment records with 3<sup>rd</sup> party signed verification

Workforce Solutions for North Central Texas is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For the hearing impaired, call TDD 1-800-735-2989 or VOICE 1-800-735-2988. For more information, visit [www.dfwjobs.com](http://www.dfwjobs.com).



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**A. Gross Income (Please complete A. and B. if expenses, are applicable)**

Please complete all fields below with the Gross income for the previous 3 months.

Week #	Week Ending Date	Gross Income pay period
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

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**B. Expenses**

You may choose to deduct a standard deduction amount in lieu of itemizing expenses. If you choose to itemize your expenses, please provide **actual receipts for the previous 3 months** for operating expenses such as rent, utilities, gas, booth rental, payroll, etc.

Do you have expenses for your business?  Yes or  No

If yes, please select one to itemize expenses or use a standard deduction (30% of gross income):

- Itemize expenses (I have included actual receipts for my expenses for the previous 3 months)
- Standard Deduction (30% of gross income)

I, \_\_\_\_\_, certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, fact finding will occur to determine if information provided was intentionally misleading.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Advisor Signature

\_\_\_\_\_  
Date

**Comments:**

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