SELF-EMPLOYMENT RECORD



Client Name:		Client Numbe	Client Number:			
Address:		Caseload Number:				
This self-employment income is for the period	of		through			
Because you are self-employed, you are required to Department of Human Services. This information if for assistance, you must provide us with accurate a pay out. To do this you must write down all money had in producing your income. Be sure to include save your receipts.	s to be supplied and complete it you take in ar	ed with your appli records of money nd its source. Yo	ication. In order to determine yo y you take in and the work expen ou must also write down any exp	ur eligibility ses you enses you		
Expenses of producing income include but are not salaries, and loan payments. You may choose who more than once. You may only claim the percentagused for business purposes. Depreciation, charital business expenses.	at month you we ge of the vehice	want to claim an cle costs equal to	expense, but you cannot claim the the percentage of mileage that	ne expense the vehicle is		
If you wish, you may use this form to keep your reckeep accurate records of your self-employment inc choose to use. If you do complete this form, your	ome and expe	enses. T he Depa	artment will need a copy of the	record you		
Business Income Source	Date Received	Gross Income	Business Expenses Expense/ItemPurchased/ Paid to Whom	Amount		

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SELF-EMPLOYMENT RECORD



Business Income Source	Date Received	Gross Income	Business Expenses Expense/ItemPurchased/ Paid to Whom	Amount

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