Illinois Department of Human Services
YWCA Child Care Resource & Referral - Subsidy Department
RECORD OF SELF-EMPLOYMENT

Client Name: __________________________

Business Name: YWCA Child Care Resource & Referral

Address: Child Care Assistance Program

City: Glendale Heights, IL 60139

State: __________________________ Zip: 60139

Daytime Phone: __________________________ Evening Phone: __________________________

This self-employment income is for the reporting period of ________________ through ________________.
(Should be a one-month period of time)

Because you are self-employed you are required to report all of your employment income and employment expenses to the YWCA Child Care Resource & Referral Child Care Assistance Program. In order to determine your eligibility for assistance you must provide us with accurate and complete records of the money you take in and the work expenses you pay out.

Please list in detail income received:

- The date you received income
- The source of your income
- Your gross income for that date

Please list in detail business expenses:

- Receipts for all expenses must be included
- The date you paid
- The specific expense or what was purchased and from whom
- The amount you paid.
- If you do not have any business expenses you may list 0.

Expenses of producing income include but are not limited to things like inventory, materials, services, mileage, employee salaries and interest on loan payments. Depreciation, charitable contributions, capital equipment, entertainment and personal expenses are NOT considered expenses for Child Care Assistance purposes.

If you wish, you may use this form to keep your records. You are not required to complete this form but you are required to keep accurate records of your self-employment income and expenses. We need a copy of the record you choose to use.

Below are some examples of how to complete this form

<table>
<thead>
<tr>
<th>BUSINESS INCOME</th>
<th>BUSINESS EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rec’d</td>
<td>Income Source</td>
</tr>
<tr>
<td>1/5/05</td>
<td>Mary Smith</td>
</tr>
<tr>
<td>1/10/05</td>
<td>Housekeeping for Jane Doe</td>
</tr>
</tbody>
</table>
Please return this form to the address listed on the first page of this report. Should you have any questions please contact us at (630) 790-8009. Thank you.

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