

Self-Employment Business Log

Parents/Guardians: In order to determine your eligibility for child care scholarship, **you must complete this form in its entirety with the most current consecutive four weeks of pay history.** We must verify both employment and income below. No white out may be used and any changes must be initialed and dated.

Name: _____

Business Name: _____

Address: _____

Business Address: _____

City, State and Zip code

City, State and Zip code

Business License #: _____
(If applicable – please attach a copy of your valid business license)

Type of Business (work performed): _____

RECORD OF PAY RECEIVED:

In the space below, list the date pay was received with current and consecutive **FOUR** weeks of gross income and the hours worked for the referenced pay date. You may also be required to submit your entire tax return (must include Schedule C). In order for deductions to be considered, please attach supporting documentation.

PAY PERIOD FROM - TO MM/DD/YYYY	GROSS EARNINGS	# OF HOURS WORKED FOR THIS PAY PERIOD	NOTES
____/____/____ TO ____/____/____	\$		
____/____/____ TO ____/____/____	\$		
____/____/____ TO ____/____/____	\$		
____/____/____ TO ____/____/____	\$		

The information provided on this form is true and complete. If I knowingly omit or give false information, I will be liable for prosecution under the law.

Signature

Date

This form is not intended for any persons working as a 1099 – if you are paid through a business - the employer (contractor if you are considered to be a sub-contractor) must complete an employment verification form - available at <https://elcpinellas.net/for-families/>