



CERTIFICATION OF INCOME FOR SELF-EMPLOYMENT

| | |
|-------------------|-------------|
| Owner Name: _____ | Date: _____ |
|-------------------|-------------|

I am a self-employed individual. I am providing the following information and documentation to verify my household income. I certify that the information shown on the attached required items is true and complete to the best of my knowledge.

Based on my previous and planned self-employment activities, I anticipate my income for the next 12 months will be \$ ____.

Please check and complete one of the following options.

I have filed federal income tax returns as a self-employed person. Additionally, you will need to provide the following documents:

- Copy of previous year's federal income tax returns as filed with the IRS
- Copy of previous year's Wage and Income Transcript AND Tax Return Transcript
- Copies of payments/checks received from customers or ledger cards
- Year-to-date profit and loss statement (form attached)
- Current Business or occupational certification/license and occupational insurance
- Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts
 - ✓ Current contract agreement
 - ✓ Schedule book to determine work hours (last 90 days)
 - ✓ Receipts of earned wages for services (last 90 days)
 - ✓ Notarized statement of self-employment
 - ✓ Verification of Employment and Loss of Income form

I have not yet or am not required to file for the year of _____ because I do not meet the filing requirements, based on the table below and are not due a refund. My filing status is _____ and my annual income for the year stated above is/was \$ _____ or although I do meet the filing requirements, I will not file for the year of _____ because of the following reason:

| IF your filing status is... | AND at the end of the year you were... | THEN file if your gross was at least |
|--------------------------------|--|--------------------------------------|
| | | Single |
| Head of Household | Under 65 / 65 and older | \$10,350 / \$ 11,900 |
| Married, filing jointly | Under 65 / 65 and older | \$13,350 / \$14,900 |
| Married, filing separately | any age | \$4,050 |
| Widow(er) with dependent child | Under 65 / 65 and older | \$16,650 / \$17,900 |

Additionally, you will need to provide the following documents:

- Statement from the IRS confirming your non-filing status
- Copies of payments/checks received from customers or ledger cards
- Year-to-date profit and loss statement (form attached)
- Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts
- Current Business or occupational certification/license and occupational insurance
- Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts
 - ✓ Current contract agreement
 - ✓ Schedule book to determine work hours (last 90 days)
 - ✓ Receipts of earned wages for services (last 90 days)
 - ✓ Notarized statement of self-employment
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By signing this document, I/we certify that all the information is truthful. I/we understand that knowingly submitting false information may constitute fraud.

Owner Signature: _____ Date: _____



SELF – EMPLOYMENT PROFIT & LOSS STATEMENT

Any client who is/are self-employed or an independent contractor should complete this form if they **do not already have their own profit and loss form.**

Business Owner Name: _____
 Company Name: _____
 Company Address: _____
 Type of Business: _____

Dates Reported (MM/DD/YY - MM/DD/YY)(*Must be based on current YTD*) _____

Please fill in the fields that apply to your business.

Ensure that you provide copies of all receipts documenting income entered in the fields below.

| GROSS INCOME | |
|---|-----------|
| Gross Sales (Total amount of income from sales or service before subtracting expenses) | \$ |
| Other Income (Any other additional funds earned through the company such as payments from people leasing space or payments from investors) | \$ |
| Total GROSS INCOME BEFORE TAXES | \$ |

| EXPENSES | |
|---|----|
| Cost of Goods Sold (Direct costs to produce or obtain the goods sold by the company) | \$ |
| Accounting and Legal Fees | \$ |
| Advertising | \$ |
| Insurance (Do <u>not</u> include homeowner insurance) | \$ |
| Maintenance and Repairs | \$ |
| Supplies | \$ |
| Payroll Expenses | \$ |
| Payroll Expenses (Salaries and wages for employees who are not borrower(s) on the mortgage loan) | \$ |
| Postage | \$ |



| | |
|---|----|
| Rent | \$ |
| Licenses | \$ |
| Taxes (Do <u>not</u> include Real Estate taxes on the property; do <u>not</u> include Income Taxes on the business - include the total of any other taxes that you have to pay for the business) | \$ |
| Telephone | \$ |
| Travel/Transportation | \$ |
| Utilities | \$ |
| Other (Total and explanation of any other expenses not already listed) | \$ |
| Total EXPENSES | \$ |

| | |
|-------------------------------------|----|
| NET INCOME | |
| Net Income Before Taxes | \$ |
| Taxes (Paid on Business Income) | \$ |
| Total NET INCOME AFTER TAXES | \$ |

By signing this document, I/we certify that all the information is truthful. I/we understand that knowingly submitting false information may constitute fraud.

Owner Signature: _____ **Date:** _____