

## SELF-EMPLOYMENT INFORMATIONAL PACKET (COVER PAGE)

### DIRECTIONS:

- Select one of the two options below if you are self-employed.
- Utilize the checklist under your selected option to collect all needed documentation for your submission.

### OPTION ONE

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

Self-Employment Informational Packet Cover Page

Schedule book/work calendar to determine work hours (last 30 days)

Notarized statement of self-employment

Verification of Employment and Loss of Income form Current

Business or Occupational Certification/License

**\*\*Additional Information may be required**

### OPTION TWO

I have not yet or am not required to file for the year of \_\_\_\_ because I do not meet the filing requirements. Additionally, you will need to provide the following documents:

Self-Employment Informational Packet Cover Page

Schedule book/work calendar to determine work hours (last 30 days)

Notarized statement of self-employment

Verification of Employment and Loss of Income form Current Business or

Occupational Certification/License

**\*\*Additional Information may be required**

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

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## NOTARIZED STATEMENT OF SELF-EMPLOYMENT INCOME

I certify that the information provided on these Self-Employment Income Logs or Recent Tax Return information is true and complete to the best of my knowledge. I am aware that if I knowingly provide false information, I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud.

The following must be signed in the presence of a Notary

Signature of Parent/Guardian:\_\_\_\_\_ Date:\_\_\_\_\_

Notary:

Subscribed and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires:\_\_\_\_\_ County of:\_\_\_\_\_

Signature of Notary:\_\_\_\_\_

**VERIFICATION OF EMPLOYMENT**  
**\*\*\*To be completed by Employer ONLY\*\*\***

**To be completed by employer if: (a) you do not have the last four weeks of consecutive pay checks stubs, (b) paid cash, (c) self-employed, (d) independent contractor, (d) receive company business checks. DO NOT USE WHITEOUT. IF CORRECTIONS NEED TO BE MADE, CROSS OUT THE ERROR, AND INITIAL THE CORRECTION.**

**SECTION I – GENERAL INFORMATION:**

1. Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Employee Address: \_\_\_\_\_

2. Type of work performed by employee: \_\_\_\_\_ Employment start date: \_\_\_\_\_

3. Number of hours worked per week: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Work schedule: From: \_\_\_\_\_ ☐ AM ☐ PM To: \_\_\_\_\_ ☐ AM ☐ PM

Circle Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

4. Hourly wage received by employee: \$ \_\_\_\_\_ Number of dependents claimed: \_\_\_\_\_

Employee is paid: ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly ☐ Other: \_\_\_\_\_

Employee is paid via: ☐ company payroll ☐ cash ☐ company business checks ☐ independent contractor

**\*\*\*IF PAID CASH THE NOTARIZED VERIFICATION OF CASH EMPLOYMENT FORM MUST ALSO BE COMPLETED \*\*\***

5. Does employee receive tips? ☐ Yes ☐ No If Yes, show tips in Section III

6. Is employment seasonal? ☐ Yes ☐ No If yes, Season begins \_\_\_\_\_ ends \_\_\_\_\_

**SECTION II – EMPLOYER INFORMATION:**

1. Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

**SECTION III – RECORD OF PAY RECEIVED:**

1. In the space below, list the most current and consecutive FOUR weeks of checks or cash received by the employee along with the gross amount paid, hours worked and date the checks or cash were issued.

Dates of Pay Period	Date Received	Gross	# of Hours Worked	Tips	Net Pay

2. Please explain any unusual gaps or overtime and do you expect them to reoccur? \_\_\_\_\_

**SECTION IV- EMPLOYER VERIFICATION:**

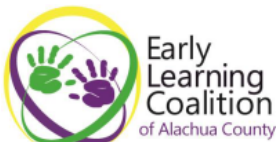
I certify under the penalty of perjury (a first-degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer Name (Print)

\_\_\_\_\_  
Date



# WORK CALENDAR

CLIENT NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_ MONTH: \_\_\_\_\_

For every day you work, enter the date, gross (before taxes) amount of money earned and the total of hours worked that day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	FOR OFFICE USE ONLY Weekly Totals
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
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Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
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Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Monthly Totals: \$ \_\_\_\_\_

Monthly Hrs Worked: \_\_\_\_\_