EARLY LEARNING COALITION of SEMINOLE

Self-Employment Weekly Statement Form

THE WEEK OF: _____/_____ YEAR:_____

Day	Date	Hours Worked	List of Jobs/Clients	Tips	Gross Amount
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Hours:					Total $

Business Expenses for this week (Must Attach Receipts)

$_____FOR_____ $_____FOR_____
$_____FOR_____ $_____FOR _____

Total Collected: _____- Total Expenses: _____= Weekly Income: _____
Parent/Guardian Signature: _____ Date: _____

Employer Information (if given 1099):
Business Name: _____ **Business Owner/Authorized Supervisor Signature: _____**

Address: _____ **Authorized Signature: _____**

City: _____ State:_____ Zip:_____ **Authorized Signature Contact Number:_____**

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