

**ITEMIZED EXPENSE REPORT**

**Self Employment Form B**

Month/Year: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

**Expenses - must attach copies of receipts for all items expensed**

1. Rent (For business space only-contract on file)	\$
2. Advertisement (Examples on file)	\$
3. Insurance	\$
4. Taxes & License (License on file)	\$
5. Supplies or Cost of Goods Sold	\$
6. Utilities (For business use only)	\$
7. Auto Expenses (For business use only)	\$
8. Other (Give detail):	\$
	9. Total Expenses (Lines 1 through 8) \$

**Total Gross Income must be verified**

10. Gross Income	\$
<b>11. Net Income</b> (Line 10 minus line 9)	\$

**I understand that by declaring self-employment status, my services will be updated and reviewed at least every four months.**

**I understand that as a self-employed parent, I must provide CAPMC/APP my completed and signed tax returns on a yearly basis.**

I, \_\_\_\_\_ under the penalty of perjury of the State of California and County of Madera, do hereby attest that the above information is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_