

## SELF-EMPLOYMENT WORKSHEET

CASE NAME:		CASE NUMBER:	ERS #		
Instructions:	Complete this form	when reporting all self-employment	income ( <b>GROSS</b> ) received and		
expenses paid in a month. If receiving CalFresh and/or CalWORKs, provide proof of income & expenses.					
DSS GEN 254 is not an affidavit. EXCEPTION: If you chose to deduct 40% of your gross income as					
expenses, you do not need to list or verify your expenses.					
SELF-EMPLOYE	D	BUSINESS	REPORT		
PERSON'S NAM	IE:	NAME:	IS FOR:/		

## TOTAL HOURS WORKED THIS MONTH:

INCOME			EXPENSES			
DATE RECEIVED	FROM WHOM RECEIVED	<b>GROSS</b> AMOUNT RECEIVED	DATE PAID	TYPE OF BUSINESS EXPENSE (Mileage? See *)	TO WHOM PAID	AMOUNT PAID
TOTAL:				TOTAL:		

\* Work related mileage is defined as miles traveled as part of your business. Do not include miles traveled between home and place of business. If claiming mileage expenses, indicate the mileage traveled for each vehicle used for business during this month:

Vehicle #2:	<b>Total Miles</b>	Traveled:	

Vehicle #1: Total Miles Traveled:Work Related Miles Traveled:Vehicle #2: Total Miles Traveled:Work Related Miles Traveled:

Month / Year

If no income verification is attached, explain why:	
l declare that the information contained in this statement is true a	and correct.
Signature:	Date:

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

## RETURN THIS COMPLETED FORM WITH YOUR ELIGIBILITY REPORT