COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES

SELF-EMPLOYMENT WORKSHEET

CASE NAME: _____ CASE NUMBER: _____ ERS # _____

Instructions: Complete this form when reporting all self-employment income (**GROSS**) 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-EMPLOYED PERSON'S NAME: _____ BUSINESS NAME: _____ REPORT IS FOR:_____/____ Month / Year

TOTAL HOURS WORKED THIS MONTH: _____

INCOME		
DATE RECEIVED	FROM WHOM RECEIVED	**GROSS** AMOUNT RECEIVED
TOTAL:		

EXPENSES			
DATE PAID	TYPE OF BUSINESS EXPENSE (Mileage? See *)	TO WHOM PAID	AMOUNT PAID
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 #1: Total Miles Traveled: _____ Work Related Miles Traveled: _____
Vehicle #2: Total Miles Traveled: _____ Work Related Miles Traveled: _____

If no income verification is attached, explain why: _____

I declare that the information contained in this statement is true and correct.

Signature: _____ Date: _____

RETURN THIS COMPLETED FORM WITH YOUR ELIGIBILITY REPORT