	e of Illinois artment of Human Services	7 (PERMANENT)	
SE	LF-EMPLOYMENT RECORD		
Client Name:			
Case Number:			■ ■ ■ ■ ■ ■ ■ ■
Address:		Indiv	idual ID:
		Date	:
This self-employm	ent income is for the period of	-	through

Because you are self-employed, you are required to report all of your employment income and employment expenses to the Department of Human Services. In order to determine your eligibility for assistance, you must provide us with accurate and complete records of money you take in and the work expenses you pay out. To do this you must write down all money you take in and its source. You must also write down any expenses you had in producing your income. **Be sure to include all transactions which occurred during your reporting period.** Also, save your receipts.

Expenses of producing income include but are not limited to things like inventory, materials, services, transportation, employee salaries, and loan payments. You may choose what month you want to claim an expense, but you cannot claim the expense more than once. You may only claim the percentage of the vehicle costs equal to the percentage of mileage that the vehicle is used for business purposes. Depreciation, charitable contributions, entertainment, and personal expenses are **NOT** allowable business expenses.

If you wish, you may use this form to keep your records. You are not required to complete this form, but you are required to keep accurate records of your self-employment income and expenses. The Department will need a copy of the record you choose to use. If you do complete this form, your DHS office will be better able to determine your eligibility for benefits.

Business Income Source	Date Received	Gross Income	Business Expenses Expense/Item Purchased Paid to Whom	Amount







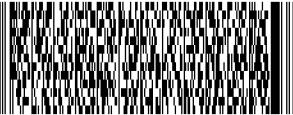
State of Illinois Department of Human Services

7 (PERMANENT)

SELF-EMPLOYMENT RECORD

Client Name:

Case Number:



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