

Self-Employment Form

Hamilton County Department of Job and Family Services

Child Care

Important: You may complete this form and have it notarized if your business is **new**. New is defined as having a start-up date within the last 30 days. Please complete it thoroughly.

The self-employed individual shall provide copies of the tax return from the previous year, as well as current business records (receipts) that are directly related to producing goods and services in order to project annual gross income. Ohio Administrative Code 5101:2-16-34

Name:	Social Security Number:
Business Name:	Business Taxpayer ID Number:

Important: In general, the location of your business must be somewhere other than your home. If your business and home address are the same, you must prove you are unable to care for your child(ren) during your working hours.

Home Address: (include zip code)	Business Address: (include zip code)

Days and Hours Worked: On each day worked, write in the start and end times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Average number of hours/day	Maximum number of hours/day	Average number of hours/week	Maximum number of hours/week

Write the specific tasks/duties you perform at work: (What services do you provide, etc.)

If your business and home address are the same, state specifically why are you unable to care for your child(ren) during your work hours:

Date you began this business: _____ **Do you file federal income taxes?** ☐ Yes ☐ No

Important: If you are self-employed, you must file federal/state income taxes. If you have been self-employed for over a year, you must submit a complete copy of your last year's income tax return.

INCOME and EXPENSES:

This form is only to be used when no current business records exist and or the previous year's Federal tax return not filed for this business. Self-employed individuals are required to provide a written best estimate of his/her projected annual income and expenses.

Projected Annual Income from this business: \$ _____

Please list all expense items claimed and an average of the amount spent annually:

Item	Cost	Item	Cost

Projected Annual Expenses from this business: \$ _____

Acknowledgements:

I affirm that to the best of my knowledge and belief the information on this form is true and correct. I understand the law provides penalty of fine or imprisonment, or both, for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.

I understand that the information contained herein and on my application for service is subject to auditing by the State or Federal review at any time.

I understand that Child Care fraud is the intentional withholding or falsification of information or misuse of child care services. I understand that I must report any changes related to my self-employment or other changes affecting my eligibility within 10 calendar days of the change. Failure to meet this reporting requirement may be considered fraud and may result in the following:

- 1) Repayment of child care benefits which I received but for which I was not eligible;
- 2) Termination or denial of child care benefits;
- 3) Penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which I was not eligible.

Signature of Person completing the form

Sworn to and subscribed before me this _____ day of _____.

Notary Public

Note: The notary seal must be clear and appear on this document to be acceptable.