

Self Employment Statement

Directions: Complete this form if you or another household member are self-employed. This form must be signed by the self-employed household member(s). Use blue or black ink. Return the completed form to **Florida KidCare, PO Box 591, Tallahassee, Florida 32302-0591**. If you have questions, please call Florida KidCare toll-free at 1-800-821-KIDS (5437).

Family Account Number:

Name of Family Member(s) who are Self-Employed: _____

Name of Business: _____ **Type of Business:** _____

Total gross (before taxes) self-employment income for the most recent month: \$ _____

Write in your business expenses for all of the items below for the most recent month:

ALLOWABLE BUSINESS EXPENSES	AMOUNT
Advertising	\$
Business License	\$
Business Telephone Cost & Business Utilities Cost	\$
Business Transportation (<u>NOT</u> to and from work)	\$
Cost of Raw Materials, Farm Supplies & Feed, and Stock	\$
Cost of Employees Benefits	\$
Employer's FICA Share	\$
Employees' Wages	\$
Interest of Farm/Business Loan	\$
Insurance on Property and Equipment	\$
IRS Allowable Business Expense	\$
Legal Fees for Business	\$
Meals and Equipment for Children in Day Care (<i>for DayCare Business ONLY</i>)	\$
Operating Costs for Motor Vehicles <u>for Business</u> (gas, oil, etc.)	\$
Office Supplies and Tools for Business	\$
Postage	\$
Property Taxes on Income Producing Property	\$
Rent for Building, Land, and/or Machinery/Equipment for Business	\$
Repairs/Maintenance Equipment/Business Property	\$
Travel/Lodging Away from Home	\$
Tax Preparation Fee for Business	\$
TOTAL BUSINESS EXPENSES FOR THE MOST RECENT MONTH:	\$

If your self-employment income and expenses usually are different from what you have listed, use this space to tell us about the difference. _____

Parent Statement: I certify that the information provided on this Self-Employment Statement is true and correct to the best of my knowledge. I understand that this information may be verified. I understand if I provide false information I may be prosecuted for fraud.

Self-Employed Parent Signature(s)

Date