STATE PRESCHOOL

SELF-EMPLOYMENT VERIFICATION FORM

Please complete the information below and provide one of the following documents showing income from either month of the two preceding months:

- A signed & dated Profit & Loss Statements or other income and expense documents, ***OR***
- An Independently drafted letter from source of income, ***OR***
- A copy of the most recently signed and completed Tax Return-Form 1040 with Schedule C – Profit or Loss with a statement of current estimated income for tax purpose, ***OR***
- Other business records, such as ledgers, receipts, or business logs

Parent/Guardian Name:_____

Business Name:_____ Business Phone # _____

Business Address:_____ City_____ Zip Code_____

A. Please check the appropriate boxes below and submit the requested documentation with this completed form.

		YES	NO
1.	Do you have a business license to conduct business in Fresno County or a neighboring county? *(If so, please attach a copy)*		
2.	Do you have a professional license? *(If so, please attach a copy)*		
3.	Is your office or place of work also your residence or located at your residence?		
4.	Is your office or place of work a rented property?		
5.	Do you have regular business hours? *(If so, please attach a copy)*		
6.	Do you work for others on a contract basis?		
7.	Do you have advertising materials? *(If so, please attach a copy)*		

B. Please check the appropriate boxes below and describe the primary nature of your self-employment:

☐ Sales *(Real estate, retail business, etc.)*

_____

☐ Landscape / Gardening *(Landscaping, landscape design, etc.)*

_____

☐ Domestic *(House cleaning business, etc.)*

_____

☐ Trucking *(Owns truck/trucking business, works for a company as an independent contractor, etc.)*

_____

☐ Other *(Please describe)*

_____

C. Please select the box that best describes the basis for your income and tell how much you typically earn for that item and how many of those items you would be paid for in a month. *(Example: ☒Per Haul $75 per haul, 22 hauls per month)*

☐ Commission _____ ☐ Per Job _____

☐ Per Sale _____ ☐ Per Piece _____

☐ Per Mile _____ ☐ Per Haul _____

☐ Per Item Completed _____ ☐ Other *(Describe)* _____

D. Please document your schedule below:

Total number of hours per day normally worked _____ Average number of days per week normally worked _____

Do days worked vary? ☐ Yes ☐ No Do work hours vary? ☐ Yes ☐ No

Time normally worked: _____ AM / PM to _____ AM / PM

Check the days normally worked: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

I swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct.

Parent / Guardian Signature_____ Date_____