



Self-Employment Tracking

Self-Employed Worker's Name:						Month:		Year:	
documents are n	ot available inc	ome may also	be proved	using this Self	-Employment Tracking Form. The	ome. Items such as recent IRS tax returns ELCIRMO will only accept forms that are co the information provided is true and accur	ompleted correctly. Please note the fo	g books may be used to prove income. However, if these ollowing: (1) the payer must indicate, on a daily basis, the payer for clarification and verification.	9 9
Date	Time In	Time Out	Total # of Hours	Amount Earned	Payer Name	Address	Phone #	Payer Signature - IMPORTANT NOTE: By signing this form, you are stating that the information provided is true and accurate to the best of your knowledge.	g s
								+	
I certify the	hat the informati ecuted under FI	on I have pro orida Statute	vided is true 414.39, Pub	and correct. I lic Assistance	understand it is against the law to Fraud. I understand that I will be re	receive School Readiness Services for my opequired to pay back financial assistance that	child(ren) by giving false information at 1 wrongly receive for my child(ren).	and failing to update pertinent information and if I do so I n	nay
Self-Em	ployed Worke	r's Signature	e:			Date:			
						COALITION USE ONLY			
Total # of hours worked: Total income earned: \$						Staff Signature:	Date:		

