



WASHINGTON COUNTY

OREGON

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

You have reported that you or a member of your household has income from self-employment.

Enclosed you will find a set of **Quarterly Self-Employment Reporting** forms.

Please complete and return a set of forms each quarter.

NOTE:

You must provide our department with the forms as well as receipts, invoices, and other supporting documentation showing verification of your income and expenditures.

We will not be sending reminders. It is your responsibility to see that these documents are submitted by the appropriate due dates.

If you have any concerns or questions, please contact your Occupancy Specialist.



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SELF EMPLOYMENT FORM

Month of _____

Total Monthly Gross \$ _____

Minus Costs \$ _____

Net Amount \$ _____

Month of _____

Total Monthly Gross \$ _____

Minus Costs \$ _____

Net Amount \$ _____

Month of _____

Total Monthly Gross \$ _____

Minus Costs \$ _____

Net Amount \$ _____

I hereby certify the above to be true. I have attached all receipts and other documents to support the earnings and cost amounts listed above.

Printed Name Signature Date

Address

WARNING! TITLE 18, SECTION 1001, OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.



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Monthly Financial Statement for Self-Employment

MONTH OF _____

Business Name:	Tenant Name:	Home Phone:
Street Address:	City/State:	Zip Code:
Type of Business:	Business Phone:	
1. Total Sales for Month (Gross)		
2. INVENTORY:		
a. Value at Start of Month		
b. ADD: Purchases		
c. ADD: Cost of Raw Materials		
d. SUBTOTAL (Add 2a + b + c)		
e. Less Value at End of Month		
3. Cost of Materials/Supplies used (Goods sold): Subtract d - e		
4. Wages paid to helpers		
5. Taxes and Assessments on business property		
6. Rent paid on business property		
7. Other expenses:		
a. Professional fees		
b. Utilities		
c. Telephone		
d. Equipment Repairs		
e. Advertising		
f. Insurance		
g. Interest on Loan		
h. Other		
8. TOTAL COST OF BUSINESS: (add 4, 5, 6, 7 a through h)		
9. NET INCOME (Subtract 1 - 9)		

Copies of all available receipts and statements to verify income and expenses must be attached to this report for each month reported for.

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