

Self-Employment Verification Form

PARENT / CARETAKER INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET:	CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:	HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	

INFORMATION ABOUT SELF-EMPLOYED FAMILY MEMBER

(If different than above)

LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET:	CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:	HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	

INFORMATION ABOUT BUSINESS

NAME OF BUSINESS:	BUSINESS START DATE:		
STREET:	CITY:	STATE:	ZIP CODE:
NATURE OF BUSINESS:	BUSINESS PHONE NUMBER:		
CORPORATE STATUS OF BUSINESS (Please check one of the following): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corp		EMPLOYER IDENTIFICATION NUMBER (EIN):	

REQUIRED BUSINESS DOCUMENTATION ATTACHED

PLEASE ATTACH THE FOLLOWING:

Copy of most recent Federal Income Tax Return

IF YOU ARE UNABLE TO PROVIDE A FEDERAL INCOME TAX RETURN, PLEASE ATTACH:

A worksheet that shows profits from self-employment; total gross receipts minus costs of doing business. Costs of doing business are specified in 55 Pa. Code § 3042, Appendix A, Part 1, Income Inclusions (T); AND

CHECK AND ATTACH TWO OF THE FOLLOWING:

<input type="checkbox"/> Accounting ledgers	<input type="checkbox"/> Account statements
<input type="checkbox"/> Bank deposit slips	<input type="checkbox"/> Canceled checks
<input type="checkbox"/> Cash register tapes	<input type="checkbox"/> Credit card charge slips
<input type="checkbox"/> Invoices	<input type="checkbox"/> Credit card sales slips
<input type="checkbox"/> Any other document that reasonably establishes gross profit or allowable deductions	

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct, and complete to the best of my ability, knowledge, and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment, or subsidized childcare ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized childcare for which I was not eligible, I will be required to pay back the cost of childcare I received in error.

X

PARENT / CARETAKER SIGNATURE

DATE

X

CCIS STAFF SIGNATURE

DATE