



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
 Child Care Program Office
 3601 C Street, Suite 140
 PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

SELF-EMPLOYMENT INCOME / DEDUCTION WORKSHEET

Family First and Last Name:	Month/Year:	SSN (Optional):
Business Name:	Type of Business:	Year-Round Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If seasonal, which months: _____

The items listed below are allowable for the Child Care Assistance Program. To ensure the appropriate cost or deduction is given, please provide copies of receipts for each item used in your self-employment venture.

Gross Monthly Self-Employment Income and Allowable Costs of Doing Business

Gross Monthly Income	\$
Monthly costs of doing business (allowable deductions from gross monthly income):	
Advertising	
Car & truck expenses	
Commissions & fees	
Contract labor	
Employee benefits	
Insurance premiums, taxes, assessments and utilities on income producing property	
Interest paid for mortgage of business property (paid to banks, etc.)	
Legal & professional fees	
Office expenses	
Purchase of non-durable items	
Rent or lease	
Other business property	
Vehicles, machinery and equipment	
Repair, service and maintenance of business property and equipment	
Supplies	
Stock and inventory	
Taxes, licenses and permit fees	
Travel, meals and entertainment	
Utilities	
Wages	
Other expenses (describe):	
Total Allowable Deductions (add all deductions above)	\$
Adjusted Self-Employment Income (subtract deductions from gross monthly income)	\$

I certify the information in this Self Employment Income/Deduction Worksheet is correct and complete.

Signature of Self-Employed Individual: _____ Date: _____