MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD — CHILD CARE SUBSIDY

SELF-EMPLOYMENT INCOME LEDGER

INSTRUCTIONS

This form is for individuals who are self-employed and need to verify income for eligibility. Please complete each section accurately to reflect your self-employment activities and earnings. Use this form to report less than a year's worth of income. If you have been self-employed for more than a year, your previous year's taxes will be needed for verification. You may attach additional pages of verification if needed.

QUESTIONS: Contact Child Care Subsidy at 573-415-8605, or e-mail CCFamilies@dese.mo.gov

FIRST NAME	LAST NAME
EMAIL ADDRESS	TELEPHONE NUMBER
BUSINESS NAME (IF APPLICABLE)	TYPE OF WORK OR SERVICES PROVIDED
START DATE OF SELF-EMPLOYMENT	WORK SCHEDULE (DAYS/HOURS PER WEEK)

If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit https://dese.mo.gov/veterans-services. If you would like to receive information and assistance regarding veterans benefits and services from the Missouri Veterans Commission, please fill out this form or visit https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DESE.

MONTHLY INCOME AND EXPENSE RECORD

DATE	Description of Job/Service Provided	Income Received	Expenses (If Any)

CERTIFICATION

I certify that the above information is accurate and complete to the best of my knowledge. I understand that providing false or incomplete information may result in a denial or termination of benefits and potential penalties under State law.

SIGNATURE	DATE

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