

NORTH TEXAS

Child Care

Self -Employment Verification

Name:	TWIST ID:
Business:	Phone #:
Type of B	usiness:
To verify	your business, please provide one of the following:
	Current property titles, deeds, tax records, or rental agreement for the place of business Recent business bank statement Recent business phone, utility, or insurance bill Recent state sales tax return Recent business records that provide proof of income and expenditures, such as Copies of money orders or checks received and lists of individuals/customers served (if applicable) Personal wage records with third party signed verification Current business registration or license (i.e., DBA license of professional license)

A. Gross Income

Gross income or receipts during the 3-month determination period:

Week	Week ending date	Gross income for week	Week	Week ending date	Gross income for week
#			#		
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7					



A. Expenses

You may choose to deduct a standard amount in lieu of itemizing expenses. If you choose to itemize your expenses, please provide receipts for operation expenses such as rent, utilities, gas, booth rental, etc.

Please select <u>one</u> :				
☐ Itemized expenses☐ Standard deduction		ncome)		
If itemizing expenses, please	complete the foll	owing for the 3-month determinati	on period:	
Rent	\$	Other (specify)		
Telephone	\$		\$	
Utilities	\$		\$	
Supplies	\$		\$	
l,	, certify tha	rom gross income (A) for net profit at the information stated above is complete, may be grounds for imm	true and accurate, a	nd understand that
Applicant Signature		Ī	Date	-
Workforce Solutions – Staff S	Signature	Ī	Date	-
Comments:				