

Name: _____

Period: ____ / ____ / ____ to ____ / ____ / ____



West Virginia Department of Health and Human Resources

Self-Employment Ledger

Notice: The following form is to record income and expenses for self-employment income and must be supported with receipts. This information is confidential and will be used only to determine your eligibility for child care assistance. However, your case manager may contact sources listed on this form to verify the information.

Self Employment Overview

In order to determine your eligibility for child care assistance, you must show that you meet the income eligibility guidelines for assistance. You must provide accurate business records detailing all income received and all business expenses paid. If you have an outside accountant, or other means of tracking your business income and expenses (such as computer programs like Quicken or Microsoft Money) you may supply these records instead of using this form. However, if you do not have other business records, or if other methods of tracking your income do not appropriately show that you meet eligibility requirements, you may be required to complete this form as well. Please be advised that business receipts and/or invoices, or additional verifications may be required as proof of income or expense.

In addition to business records, you must provide a current copy of your State of West Virginia Business Registration and copies of any other licenses/permits to do business as required by state law.

How to Use the Self Employment Ledger Form

Part I is a record of income from your business. Use this chart to record all income. On the last row, total the amount of income received for the tracking period. If needed, make additional copies of this page to account for all income received in the tracking period.

Part II is a record of your business expenses. Use this chart to track all business expenses for the tracking period. Use the last row to total all business expenses. If needed, make additional copies of this sheet to account for all business related expenses in the tracking period.

Part III is a record of the number of hours worked per week. Use the chart provided to track the number of hours worked per week.

Period: ____ / ____ / ____ to ____ / ____ / ____

Name

Name and type of business

[illegible]

____/____/____
Date

Period: ____ / ____ / ____ to ____ / ____ / ____

Part II. Expenses. If needed, make additional copies of this sheet. Don't forget to total.

[illegible]

I certify this is true and correct to the best of my knowledge.

___/___/___ Date

Name: _____

Period: ____ / ____ / ____ to ____ / ____ / ____

Part III. Hours Worked Per Week. Track the number of hours worked per week.

Week Tracking	Number Of Hours Worked
Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	
Week 10	
Week 11	
Week 12	
Week 13	
Week 14	
Week 15	
Week 16	
Total Number of Weeks Tracked:	Total Number of Hours Worked:

For Worker Use Only

1. Monthly Gross Income Computation:

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & - & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} & \div & \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \\
 \text{Income} & & \text{Expense} & & \text{Gross Tracking} & & \text{\# of Months in} \\
 \text{Total} & & \text{Total} & & \text{Period Income} & & \text{Tracking Period} \\
 & & & & & & \text{Monthly Gross Income}
 \end{array}$$

2. State Min. Wage Met? ☐ Yes ☐ No

$$\begin{array}{ccccc}
 \underline{\hspace{2cm}} & \div & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{Gross Tracking} & & \text{Total \# of Hours} & & \text{Hourly} \\
 \text{Period Income} & & \text{Worked} & & \text{Wage}
 \end{array}$$

3. Min. Work Hours Met? ☐ Yes ☐ No

$$\begin{array}{ccccc}
 \underline{\hspace{2cm}} & \div & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{Total Hours} & & \text{Total \# of Weeks} & & \text{Average \# of Hours} \\
 \text{Worked} & & \text{Tracked} & & \text{Worked per Week}
 \end{array}$$