



Self Employment Verification Form

Customer Name _____ SSN _____
 Business Office _____ Telephone # _____
 Type of Business _____

Gross Income or receipts during the 26 week determination period.

Week #	Week ending date	Gross wages for week	Week #	Week ending date	Gross wages for week	Week #	Week ending date	Gross wages for week
1			10			19		
2			11			20		
3			12			21		
4			13			22		
5			14			23		
6			15			24		
7			16			25		
8			17			26		
9			18					

Gross Income (A) _____

Business Expenses for period (specify)

	\$		Other (specify)	\$
Rent	\$			\$
Telephone	\$			\$
Utilities	\$			\$
Supplies	\$			\$

Total Expenses (B) \$ _____

Subtract Expenses (B) from Gross income (A) for net profit (includable income) \$ _____

If customer has completed his/her tax return, attach copy of Schedule C, schedule D, Schedule F, partnership return, or corporate return – whichever one applies.

I, _____, certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and I may be asked to provide documents to support this form. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information.

Customer Signature

Date

WIA Employment Counselor Signature

Date