PACEAPP
PROFESSIONAL ASSOCIATION FOR CHILDHOOD EDUCATION
ALTERNATIVE PAYMENT PROGRAM SINCE 1976
Improving the Quality of Life for Families and Children

SELF-EMPLOYED PROFIT & LOSS STATEMENT

Name: _____ Phone: _____

Start Date: _____ Stop Date: _____

State work hours below:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

This month I had the following days off work due to: _____

_____

_____

Name and Type of Business: _____

INCOME (List Income Sources & Amount including Tips)	EXPENSES (List Business Expenses & Amount)
Total Gross Income=	

Total (Net) income minus business expenses _____

I attest under penalty of perjury the information stated above is true and correct.

This document is due by the 5th of the following month worked.

_____ _____
Signature Date

_____
Print Full Name

REVISED 2/2007