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Post Office Box 2583  
 Atlanta, GA 30301-2583  
 1-877 GA PEACH (427-3224)  
 Fax 1-866-259-3404  
 www.peachcare.org

**SELF-EMPLOYMENT FORM**

**FAMILY ACCOUNT NUMBER:** \_\_\_\_\_

**WEB CONFIRMATION NUMBER:** \_\_\_\_\_

**Directions:** Complete this form if you or another household member are self-employed. The form must be completed and signed for each household member who indicates or reports self-employment. Use blue or black ink. Fax this form to **1-866-259-3404** or mail to **PeachCare for Kids®, PO Box 2585, Atlanta, GA 30301-2585**. If you have any questions, we can answer them. Call PeachCare for Kids® at 1-877 GA PEACH (427-3224). The call is free.

Name of Family Member who is Self-Employed: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**Total gross** self-employment income **for the last four calendar weeks:** \$ \_\_\_\_\_ **REQUIRED**

Write in your business expenses for all of the items below **for the last four calendar weeks.**

| ALLOWABLE BUSINESS EXPENSE COVERING THE LAST 4 WEEKS                               | AMOUNT          |
|--|-----------------|
| Advertising  | \$              |
| Business License   | \$              |
| Business Telephone Cost & Business Utilities Cost                                  | \$              |
| Business Transportation ( <u>NOT</u> to and from work)                             | \$              |
| Cost of Raw Materials, Farm Supplies & Feed, and Stock                             | \$              |
| Cost of Employee Benefits  | \$              |
| Employer's FICA Share  | \$              |
| Employees' Wages   | \$              |
| Interest of Farm/Business Loan   | \$              |
| Insurance of Property and Equipment  | \$              |
| IRS Allowable Business Expense   | \$              |
| Legal Fees for Business  | \$              |
| Meals and Equipment for Children in Day Care ( <i>for DAY Care Business Only</i> ) | \$              |
| Operating Costs for Motor Vehicles <u>for Business</u> (gas, oil, etc.)            | \$              |
| Office Supplies and Tools for Business   | \$              |
| Postage  | \$              |
| Property Taxes on Income Producing Property  | \$              |
| Rent for Building Land, and/or Machinery/Equipment for Business                    | \$              |
| Repairs/Maintenance Equipment/Business Property                                    | \$              |
| Travel/Lodging Away from Home  | \$              |
| Tax Preparation Fee for Business   | \$              |
| <b>Total Business Expenses For The Last 4 Weeks</b>                                | <b>REQUIRED</b> |
|  | \$              |

**Parent Statement:** I certify under penalty of perjury, that the information provide on this Self-Employment Statement is true and correct.

\_\_\_\_\_ **REQUIRED** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **REQUIRED**  
**Self-Employed Parent Signature** **Date**