EARLY LEARNING COALITION
OF POLK COUNTY

FORM 140
Self-Employment Verification

Self-Employment Verification Work Hours and Income

Parent/Guardian Name:_____

The customer who signs the receipts or invoices must be available by phone to verify the information if needed

WEEK ONE: Dates:_____through: _____

Monday	from_____	AM/PM to_____	AM/PM	$_____
Tuesday	from_____	AM/PM to_____	AM/PM	$_____
Wednesday	from_____	AM/PM to_____	AM/PM	$_____
Thursday	from_____	AM/PM to_____	AM/PM	$_____
Friday	from_____	AM/PM to_____	AM/PM	$_____
Saturday	from_____	AM/PM to_____	AM/PM	$_____
Sunday	from_____	AM/PM to_____	AM/PM	$_____

TOTAL NUMBER OF HOURS, WEEK ONE:_____

TOTAL INCOME EARNED, WEEK ONE:_____

TOTAL NUMBER OF CUSTOMERS SERVED:_____

TOTAL EXPENSES, WEEK ONE:_____

WEEK TWO: Dates:_____through: _____

Monday	from_____	AM/PM to_____	AM/PM	$_____
Tuesday	from_____	AM/PM to_____	AM/PM	$_____
Wednesday	from_____	AM/PM to_____	AM/PM	$_____
Thursday	from_____	AM/PM to_____	AM/PM	$_____
Friday	from_____	AM/PM to_____	AM/PM	$_____
Saturday	from_____	AM/PM to_____	AM/PM	$_____
Sunday	from_____	AM/PM to_____	AM/PM	$_____

TOTAL NUMBER OF HOURS, WEEK TWO:_____

TOTAL INCOME EARNED, WEEK TWO:_____

TOTAL NUMBER OF CUSTOMERS SERVED:_____

TOTAL EXPENSES, WEEK TWO:_____

WEEK THREE: Dates:_____through:_____

Monday	from_____	AM/PM to_____	AM/PM	$_____
Tuesday	from_____	AM/PM to_____	AM/PM	$_____
Wednesday	from_____	AM/PM to_____	AM/PM	$_____
Thursday	from_____	AM/PM to_____	AM/PM	$_____
Friday	from_____	AM/PM to_____	AM/PM	$_____
Saturday	from_____	AM/PM to_____	AM/PM	$_____
Sunday	from_____	AM/PM to_____	AM/PM	$_____

TOTAL NUMBER OF HOURS, WEEK THREE:_____

TOTAL INCOME EARNED, WEEK THREE:_____

TOTAL NUMBER OF CUSTOMERS SERVED:_____

TOTAL EXPENSES, WEEK THREE:_____

WEEK FOUR: Dates:_____through:_____

Monday	from_____	AM/PM to_____	AM/PM	$_____
Tuesday	from_____	AM/PM to_____	AM/PM	$_____
Wednesday	from_____	AM/PM to_____	AM/PM	$_____
Thursday	from_____	AM/PM to_____	AM/PM	$_____
Friday	from_____	AM/PM to_____	AM/PM	$_____
Saturday	from_____	AM/PM to_____	AM/PM	$_____
Sunday	from_____	AM/PM to_____	AM/PM	$_____

TOTAL NUMBER OF HOURS, WEEK FOUR:_____

TOTAL INCOME EARNED, WEEK FOUR:_____

TOTAL NUMBER OF CUSTOMERS SERVED:_____

TOTAL EXPENSES, WEEK FOUR:_____

Regarding Self-Employment and Cash-Paid Employment

If you are paid in cash or check and your employer does not take out your taxes, or if you are operating your own business, then you are considered to be self-employed. Self-employed applicants shall provide appropriate documentation sufficient to determine a minimum of 20 hours of employment per week as well as income and any business expenses incurred.

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OF POLK COUNTY

FORM 140
Self-Employment Verification

Parent/Guardian Information			
Last name:	First name:	Middle name:	
Street address:	City:	State:	ZIP code:

Business Information			
Business name:	Business start date:	EIN:	
Street address:	City:	State:	ZIP code:
Type of business:	Business phone number:		
Tasks Performed:			

Required Business Documentation

Please attach the following at initial application and redetermination:

VERIFICATION OF INCOME:

- Copy of current/most recent filed Federal Income Tax Return
- Parent/Guardian Self-Employment Verification Form and two of the following:

☐ Account ledgers
☐ Account statements
☐ Bank deposit slips
☐ Canceled checks
☐ Receipts
☐ Credit card sales slips
☐ Invoices

BUSINESS EXPENSES:

Generally, you may claim any business expense that is allowed by the Internal Revenue Service (IRS), with the exception a deduction for depreciation.

Example of business expenses are:

- Materials/chemicals/supplies use to produce goods or services
- Space rent and business utilities (electricity, water, internet, phone, etc.)
- Maintenance of business property
- Payroll or wages
- Business Insurance
- Vehicle expense for business purpose with documentation
- Legal, accounting, or other professional fees

Signature must be completed in the presence of a notary:

I am fully aware that if my income (including child support), address, phone number, or any other information pertaining to my case changes, I have 14 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services may be terminated.

I understand that if I knowingly give wrong information or fail to update any of the above listed information, I may be liable for prosecution under Florida Statute 414.39, Public Assistance Fraud.

Adult Responsible for care signature _____

STATE OF FLORIDA - COUNTY OF POLK
Affidavit of Witness to Signature/Identification

STATE OF FLORIDA
COUNTY OF_____

The foregoing instrument was acknowledged before me this_____day of 20___by_____
(name of person acknowledging.)
Personally known:_____
OR Produced Identification:_____
Type of Identification Produced:_____

_____
Signature of Notary Public
Print, Type/Stamp Name of Notary