

Child Care Financial Assistance Program

Self-Employment Business Plan

Please fill this form out completely and mail to:

Self-employment is defined as a trade or business activity conducted to make a profit. A person is considered self-employed if the individual carries on a trade or business as a sole proprietor or independent contractor or is an owner in a partnership or corporation.

Applicant/caretaker name: _____ Phone number: _____
Address: _____
City: _____ State: _____ Zip code: _____

Name of Business: _____ Business Start Date: _____

This business is a (check one):

- ☐ Sole Proprietorship or Subcontractor (receives a Form 1099). Business taxes are filed with a Schedule C.
- ☐ Partnership Files. Business taxes are filed on Form 1065 with a Schedule K-1.
 - ____% of the partnership that is owned by this applicant/ caretaker.
- ☐ Corporation. Business taxes are filed on Form 1120S with a Schedule K-1.
 - ____% of the corporation that is owned by this applicant/ caretaker.
- ☐ Farm. Business taxes are filed with a Schedule F.

Provide a description of your business (the product sold or type of service):

Self-employment hours (circle AM or PM):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
End	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

I understand that I must report any changes in my self-employment status within 10 business days. I understand that I could be subjected to prosecution for fraud if I do not report changes or provide incorrect or misleading information.

Signature: _____ Date: _____

If you have questions about this form, please contact your eligibility specialist at:

