

Parent/Guardian Name: \_\_\_\_\_

Business Information	
Business Name:	Business License Number or Federal Tax ID Number (if applicable)
Type of Business:	Business Start Date:
Business Phone Number:	Average Number of Hours Worked Per Week:

Please complete the ledger below with your total year-to-date **business** income and expenses.

Month	Monthly Gross Income	Monthly Expenses	Expense Type
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

**If requested, you may be asked to submit additional documentation, including your most recent tax return and Schedule C.**

I certify that all information provided is true and accurate. I understand that providing false information may result in legal penalties and repayment of any childcare financial assistance received.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date