

**Town of Colchester
Social Services
Self-employment worksheet**

| Applicant Information | |
|--|--|
| Applicant's Name: | Social Security Number: |
| Applicant's Home Address: | |
| Home Telephone: | |
| Business Information | |
| Business Name: | |
| Business Telephone: | Time Period: (past 6 months) From: / / To: / / |
| Business Address: | |
| Main Business Activity: | |
| Accounting Method (check appropriate box) | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other(specify) | |
| Cost of goods sold - | |
| 1. Inventory at beginning of 6 month period | \$ |
| 2. Inventory at end of 6 month period | \$ |
| Total of goods sold (subtract line 2 from line 1) | \$ |
| Cost of operations | |
| 1. Cost of Labor | \$ |
| 2. Insurance | \$ |
| 3. Rent/mortgage on business address | \$ |
| 4. Utilities/telephone | \$ |
| Total of cost of operations (add lines 1 - 4) | \$ |
| Income | |
| 1. Gross Receipts/Sales | \$ |
| 2. Cost of Goods sold | \$ |
| 3. Cost of Operations | \$ |
| 4. Gross Profit (subtract lines 2& 3 from line1) | \$ |
| 5. Additional income (specify) | \$ |
| Self Employment Total Income (add lines4&5) | \$ |

Please attach a copy
of your most recently
filed Income Tax
include all pages.

I hereby certify that all the information presented above on this "worksheet" is true and complete to the best of my knowledge and belief and that I understand that the provision of false, fraudulent or misleading information may result in my being disqualified from receiving assistance in the future.

Signature of Applicant

Signature of Notary

Date Notarized

Notary Stamp & Seal