

**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Division of Child Care and Early Childhood Education**  
 TRACKING FORM FOR SELF EMPLOYMENT INCOME

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **MONTH/YEAR:** \_\_\_\_\_

**DESCRIBE BUSINESS:** \_\_\_\_\_

- DIRECTIONS:**
1. List the total hours worked on each day.
  2. List your total GROSS earnings for each day.
  3. List your total expenses for each day. Receipts verifying each expense must be attached to this form. Gas expenses to and from the job site are not allowed.
  4. Give a brief explanation of the expenses for each day.
  5. List the name of the person who paid you gross earnings each day.

Day of Month	Hours Worked	Gross Earnings	Total Expenses	Explanation of Expenses	Person Who Paid You
1		\$	\$		
2		\$	\$		
3		\$	\$		
4		\$	\$		
5		\$	\$		
6		\$	\$		
7		\$	\$		
8		\$	\$		
9		\$	\$		
10		\$	\$		
11		\$	\$		
12		\$	\$		
13		\$	\$		
14		\$	\$		
15		\$	\$		
16		\$	\$		
17		\$	\$		
18		\$	\$		
19		\$	\$		
20		\$	\$		
21		\$	\$		
22		\$	\$		
23		\$	\$		
24		\$	\$		
25		\$	\$		
26		\$	\$		
27		\$	\$		
28		\$	\$		
29		\$	\$		
30		\$	\$		
31		\$	\$		
<b>TOTAL AMOUNT:</b>		\$	\$	<b>TOTAL EARNINGS - EXPENSES = NET PROFIT →</b>	\$

I certify that all information completed on this form is TRUE and CORRECT. I understand that false statements or withholding information may result in criminal prosecution. I understand that I will be held responsible for any overpayment made as a result of providing false or incomplete information.

**SIGNATURE:** \_\_\_\_\_