

Self-Employment Income Worksheet: Cash Accounting Method

EAP Household Number						Lundaretan	d that I must	complete this	worksheet to	annly for and	rav seeietsaa	Δ.	
Name						I understand that I must complete this worksheet to apply for energy assistance. I declare that this information is true and accurate.							
Name of Business						I understand that I may be prosecuted for fraud and perjury under Minnesota							
Address of Business						statutes if I knowlingly provide false information.							
New Business Beginning Month						Cinnatura				Data			
New Business-Month before signing						Signature: Date:							
						MONTH							
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
INCOME													
Gross Receipts/Sales													
Other Gains/Income													
Less Returns/Allowances													
Less Cost of Goods Sold													
Materials/Supplies, etc.													
GROSS INCOME													
EXPENSES													
Advertising													
Car, truck exp/freight/gas/fuel oil													
Commissions/Fees													
Insurance (not incl in fringe)													
Interest													
Legal/Professional													
Office expense													
Rent/lease on land/bldg/equipment													
Repairs and Maintenance													
Taxes and Licenses													
Travel/meals(tax deductible portion)													
Utilities													
Wages/Casual labor/Fringe													
Other* (Must explain below)													
TOTAL EXPENSES													
*Please explain 'Other' expense:													
NET INCOME													
NET INCOME													
(Gross Income minusTotal Expenses)													İ