



REPORT OF SELF-EMPLOYMENT INCOME

State Form 43931 (R4 / 2-16) / FI 2255

Case name
Case number
Name of caseworker / identification number

This document has been created for the convenience of self-employed individuals in reporting their gross monthly income and their monthly business costs.

Name of self-employed individual	Type of business
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Self-employed individual's income / business costs for the month of:

DAY OF MONTH	HOURS PER DAY	AMOUNT OF INCOME RECEIVED	COSTS	
			Type	Amount
1.				
2.				
3.				
4.				
5.				
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7.				
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29.				
30.				
31.				

Signature of self-employed individual	Date signed (month, day, year)
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