



STATEMENT OF SELF-EMPLOYMENT PROFIT AND LOSS

State Form 57101 (R / 3-23)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

You must provide a copy of your IRS tax transcript (requested on IRS form 4506T-EX) for your most recently completed tax year, unless taxes have not been filed due to Business Start-Up Date.

Name of applicant / co-applicant		
Occupation		
Name of business		
Address of employer (number and street, city, state, and ZIP code)		
Previous calendar month		Business start-up date (month, day, year)
Are you licensed by the State of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you registered with the Indiana Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an Employer Identification Number (EIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a statement of your profit / loss for the previous calendar month. Please provide revenue (money collected for the sale of your goods or service). You may consider any expense considered as such by the Internal Revenue Service (IRS) a legitimate expense for CCDF purposes.		
Total Revenue for the previous calendar month:		\$
Expense:		
Expense:		
Expense:		
Expense:		
Expense:		
Expense:		
Expense:		
Expense:		
Expense:		
Expense:		
Total Expenses:		\$
Profit / Loss (Total Revenue minus Total Expenses):		\$
APPLICANT / CO-APPLICANT CONFIRMATION		
By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.		
Signature of applicant		Date (month, day, year)
Signature of co-applicant (if applicable)		Date (month, day, year)