

  
**SACOPEE VALLEY**  
**HEALTH CENTER**

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[www.svhc.org](http://www.svhc.org)

### Three Month Self-Employment Form

<b>Business Expenses</b>			
What type of business is this? (Ex: Plumbing, Construction, etc.) _____			
Item	Month: _____	Month: _____	Month: _____
Advertising			
Gas			
Heat			
Insurance			
Interest (on loans)			
Materials			
Merchandise (inventory expense)			
Postage			
Rent			
Repairs			
Social Security Taxes			
State Sales Tax			
Supplies			
Telephone			
Utilities (electric, water, etc)			
Vehicle Maintenance			
Wages (paid out)			
Other (specify) _____			
Other (specify) _____			
<b>TOTAL EXPENSES</b>	\$	\$	\$
<b>Business Income</b>			
	Month: _____	Month: _____	Month: _____
<b>TOTAL INCOME</b>	\$	\$	\$
<b>INCOME – EXPENSES =</b>	\$	\$	\$

I certify that the information I have given on this “Three Month Self Employment” form is complete and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_