

HEALTH CENTER 70 Main Street, Porter ME 04068

Phone (207) 625-8126 • *Fax* (207) 625-7820 • TTY: 1-800-437-1220

www.svhc.org

Three Month Self-Employment Form

	Bu	isiness Expenses		
What type of business is this	s? (Ex: Plumbing	, Construction, etc.)		
Item	Month:	Month:	Month:	
Advertising				
Business Loan				
Gas				
Heat				
Insurance				
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)				
TOTAL EXPENSES	\$	\$	\$	
	В	usiness Income		
	Month:	Month:	Month:	
TOTAL INCOME	\$	\$	\$	
INCOME – EXPENSES =	\$	\$	\$	
I certify that the information I	_		ment" form is complete and	