

1001 S. Orchard Street  
Boise, Idaho 83705

Phone (208) 345-4907  
Fax (208) 345-4909  
www.bcacha.org

## Self-Employment Report

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Timeframe provided (must be the last 12 months): \_\_\_\_\_ to \_\_\_\_\_

**Receipts and records of expense(s) must be attached to this form. You must also provide a copy of your most recent tax return. Please note that BC/ACHA uses the IRS Self Employment Guidelines for expenses and deductions.**

### Part 1 – Income

Gross Receipts or Sales	\$ _____
Net Profit from Sale or Capital Assets	\$ _____
<b>Total of Part 1</b>	<b>\$ _____</b>

**Part 2 – Business Cost/Deductions:** List only deductions that may apply to you for conducting your business. First-time expenses should be verified.

Cost of Labor (non-housed members)	\$ _____
Cost of Materials/Goods/Inventory	\$ _____
Office Expense(s)	\$ _____
Rent/Tax on Business Property	\$ _____
Business Phone/Utilities	\$ _____
Vehicle Expense/Mileage (Not to and from home)	\$ _____
Advertising/bad debt	\$ _____
Insurance/Worker's Compensation	\$ _____
Interest on Business Loans	\$ _____
Legal/Professional fees	\$ _____
Repairs	\$ _____
Other: _____	\$ _____
<b>Total of Part 2</b>	<b>\$ _____</b>

**Total of Part 1: \$ \_\_\_\_\_ Less Total of Part 2: \$ \_\_\_\_\_ = Net Income: \$ \_\_\_\_\_**

I certify that all the information provided on this form is true and complete to the best of my knowledge and belief. I know that I am required to provide documentation of income and expenses with this form. I understand if I don't provide adequate documentation my housing assistance could be terminated. I know that it is my responsibility to report any increase in my self-employment income within 10 days of the occurrence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



BARRIER  
FREE