



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

ROBERT THOMPSON  
Administrator

TANF       MEDICAID       SNAP

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_



**SELF-EMPLOYED/TIP STATEMENT**  
**EARNED INCOME STATEMENT FOR** \_\_\_\_\_  
Month, Year

This report should be a daily record kept of all income and expenses for your business, as required by the federal government for IRS and Social Security (your records and receipts may be requested to verify this report).

DATE	INCOME	TIPS	EXPENSE	# OF HOURS	DATE	INCOME	TIPS	EXPENSE	# OF HOURS
1st					16th				
2nd					17th				
3rd					18th				
4th					19th				
5th					20th				
6th					21st				
7th					22nd				
8th					23rd				
9th					24th				
10th					25th				
11th					26th				
12th					27th				
13th					28th				
14th					29th				
15th					30th				
					31st				

I received a total income of \$ \_\_\_\_\_

I worked a total of \_\_\_\_\_ hours. My total expenses were \$ \_\_\_\_\_.

Client Signature	Print Name	Date	Telephone Number
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