



STEVE SISOLAK  
Governor

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

RICHARD WHITLEY, MS  
Director

STEVE H. FISHER  
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 |

