



# Self-Employment Income: Cash Accounting Method

EAP Household Number
Name
Name of Business
Address of Business
New Business Beginning Month
New Business-Month before signing

I understand that I must complete this worksheet to apply for energy assistance.  
 I declare that this information is true and accurate.  
 I understand that I may be prosecuted for fraud and perjury under Minnesota statutes if I knowingly provide false information.

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

MONTH												
Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total

**INCOME**

Gross Receipts/Sales													
Other Gains/Income													
<b>TOTAL INCOME</b>													

**EXPENSES**

Advertising													
Car, truck exp/freight/gas/fuel oil													
Commissions/Fees													
Insurance (not incl in fringe)													
Interest													
Legal/Professional													
Office expense													
Rent/lease on land/bldg/equipment													
Repairs and Maintenance													
Taxes and Licenses													
Travel/meals(tax deductible portion)													
Utilities													
Wages/Casual labor/Fringe													
Returns/Allowances													
Cost of Goods Sold													
Materials/Supplies, etc.													
Other* (Must explain below)													
<b>TOTAL EXPENSES</b>													

\*Please explain 'Other' expense: \_\_\_\_\_

<b>NET INCOME</b> (Total Income minus Total Expenses)													
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