

Statement of Income for Type-B Professional

Instructions: This sheet is to help you determine your monthly earnings and hourly rate from your family child care home business. For each question, use the monthly amount you earn and expense incurred. These must come from the same month. Remember, you must include verification of your income such as copies of receipts for each of the children you care for or a signed statement from each parent with the amount paid each week. You will also need documentation for publicly subsidized children.

A. MONTHLY	_	_							
	,								
2. How much w	, , , , , , , , , , , , , , , , , , , ,								
B. How much did you receive in co-pays from subsidy parents?									
4. How much w	vas your Child 8	k Adult Care	e Food Progra	am Reimbur	sement? \$				
					Total \$			Box 1	
B. MONTHLY	EXPENSES				(J	
How much did ye	ou spend on yo	ur home ch	nild care busii	ness last mo	onth for:				
1. Food Exp	penses	\$		5.	Transportatio (use \$0.25 pe		\$		
2 Taura		.		6.	Training fees		\$		
2. Toys	2. Toys \$3. Assistant/Substitutes Care \$				7. Gifts for Children/Families \$				
	•				Other			Specify	
4. Crafts/Si	upplies	\$				_			
					Total	\$ [Box 2	
C. HOURS WO	DRKED								
In a typical week	··								
DAY	EXAMPLE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Time first child arrives	7 am								
Time last child leaves	3 pm								
Total hours Per day	8 hours								
Sum your total h	ours worked be	or day to go	at vour total k	nours works	d nor wook an	d ontor hor	70	Box 3. W	
only count up to									
week (up to 60)						. , ,		·	
D ECTIMATE	HOURLY W	VCE.							
D. ESTIMATE	HOURLY WA	AGE							
	BOX 1 -		T E	Box 2					
				= [Box	5 wages pe	er hour	
		Box 4 ho	urs per mont	h $lacksquare$					