



SELF-EMPLOYED FINANCIAL INFORMATION CHILD CARE SUBSIDY

First name _____ Last name _____

Name and address of business _____

Income information for the period (must be at least three months) from _____ to _____

INCOME	
Sales (gross sales less cost of goods)	\$
Contracts	\$
Service	\$
Other self-employment income (specify)	\$

EXPENSES			
Advertising costs	\$	Owner draws	\$
Accounting and/or legal fees	\$	Dividends paid	\$
Delivery/express/freight charges	\$	Gross wages – employees (other than self)	\$
Business insurance	\$	Wages – spouse (if applicable)	\$
Maintenance and repairs	\$	Employee benefits (WCB, EI, CPP)	\$
Electricity	\$	Employer portion (WCB, EI, CPP)	\$
Heating/fuel/water/sewer (utilities)	\$	Other materials & supplies	\$
Telephone	\$	Insurance	\$
Office expenses	\$	Gas receipts	\$
Taxes – property	\$	Vehicle repairs	\$
Taxes – business	\$	Vehicle licence fees	\$
Business licence	\$	Other expenses (specify)	\$
Rent on business property (indicate to whom paid)	\$		

NET INCOME CALCULATION	
Total income	\$
Total expenses	- \$
NET INCOME Total income LESS total expenses	= \$

Information is being collected under the authority of the *Child Care Act* for the purpose of determining eligibility for programs offered by Child Care Services. Queries should be directed to the Child Care Services Unit, at 667-3492 or toll free 1-800-661-0408, or in writing at H-12, Box 2703, Whitehorse, Yukon Y1A 2C6.

I CERTIFY that the above information is accurate and presents fairly my self-employed income and expenses.

Signature of applicant _____

Date (YYYY/MM/DD) _____

*Signature of accountant _____

Date (YYYY/MM/DD) _____

*Only needed if gross income exceeds \$75,000 for the year.