



41 School St
 Ashland, NH 03217
 P: 603-968-3560 F: 603-968-7381
 Energy Assistance Services

Self-Employment Income Statement

365 Day Time Frame: From: _____ To: _____
 Applicant Name: _____
 Business Name: _____
 Address: _____

Income

Gross Sales: \$ _____
 Minus Cost of Goods Sold: \$ _____
Gross Profit: \$ _____

Expenses

Wages Paid to Owner (Applicant) \$ _____
 Wages paid to employee(s) \$ _____ (List on next page)
 Contract Labor \$ _____ (List on next page)
 Shipping & Postage \$ _____
 Advertising \$ _____
 Office Expenses \$ _____
 Mileage \$ _____
 Phone \$ _____
 Internet \$ _____
 Electricity \$ _____
 Automobile \$ _____
 Insurance \$ _____
 Professional Fee's \$ _____
 Rent \$ _____
 Misc (list all misc expenses) \$ _____
 \$ _____
 \$ _____
Total Expense \$ _____
 Gross Profit \$ _____
Net Profit (equals Gross minus Expenses) \$ _____



If you paid wages to any employee(s)

List their Name, Physical address, & Amount Paid

If you paid for any Contract Labor

List their Name, Address, & Amount Paid

I certify that the information contained herein is accurate and true to the best of my knowledge and I will provide the necessary documentation for the above information upon request of the auditors or Division of Human Resources. If I have intentionally falsified any of this information, I understand that I may be held liable to the Division of Human Resources and could be fined and/or imprisoned.

*****Application can not be processed without a signature and both pages of this form given to the outreach office.**

Applicant Signature

Date

If prepared by an accountant:

Accountant Signature

Phone Number