

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	REVENUE							
1. How much d	How much did you receive from private pay parents? \$							
2. How much w	How much was the Title XX/ODJFS subsidy for children in your care? \$							
. How much did you receive in co-pays from subsidy parents?								
4. How much w	vas your Child	& Adult Car	e Food Progr	am Reimburs	sement? \$			
					Total \$ (Box 1
B. MONTHLY	EXPENSES							l
How much did y		•	nild care busi	ness last mo	nth for:			
1. Food Ex					Transportatio		\$	
2 T		_		6.	Training fees	-	\$	
2. Toys				7 Gifts for Children/Families \$				
		,			Other			
4. Crafts/S	upplies	\$		0.	Otrici	Ψ		Specify
					Total	\$		Box 2
In a typical week		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
		1-1011	rues	Weu	Illuis		Jac	Juli
Time first child arrives	7 am							
Time last child leaves	3 pm							
Total hours Per day	8 hours							
Sum your total h only count up to week (up to 60)		ked per wee	k when figur	ing a wage p	oer hour. We r			Box 3. Wes worked pe
	HOURLY W	AGE						