

Tips/ Self-Employment Statement



Once completed, upload the completed form to your Family Portal Account

Name: _____

Date: _____

Place of Employment: _____

Phone #: _____

Job Description: _____

(Example: wait staff; cab driver, nail technician, barber/hair stylist etc.)

Week 1 Dates: Start Date: End Date:	Week 2 Dates: Start Date: End Date:	Week 3 Dates: Start Date: End Date:	Week 4 Dates: Start Date: End Date:
Sun: \$ _____ Hours: _____	Sun: \$ _____ Hours: _____	Sun: \$ _____ Hours: _____	Sun: \$ _____ Hours: _____
Mon: \$ _____ Hours: _____	Mon: \$ _____ Hours: _____	Mon: \$ _____ Hours: _____	Mon: \$ _____ Hours: _____
Tues: \$ _____ Hours: _____	Tues: \$ _____ Hours: _____	Tues: \$ _____ Hours: _____	Tues: \$ _____ Hours: _____
Wed: \$ _____ Hours: _____	Wed: \$ _____ Hours: _____	Wed: \$ _____ Hours: _____	Wed: \$ _____ Hours: _____
Thurs: \$ _____ Hours: _____	Thurs: \$ _____ Hours: _____	Thurs: \$ _____ Hours: _____	Thurs: \$ _____ Hours: _____
Fri: \$ _____ Hours: _____	Fri: \$ _____ Hours: _____	Fri: \$ _____ Hours: _____	Fri: \$ _____ Hours: _____
Sat: \$ _____ Hours: _____	Sat: \$ _____ Hours: _____	Sat: \$ _____ Hours: _____	Sat: \$ _____ Hours: _____
Total Tips/Income Earned \$ _____ Total Hours Worked _____	Total Tips/Income Earned \$ _____ Total Hours Worked _____	Total Tips/Income Earned \$ _____ Total Hours Worked _____	Total Tips/Income Earned \$ _____ Total Hours Worked _____

I attest that the information provided above is an accurate reflection of my income from tips or self-employment. This statement is made under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s.837.012, or 775.082, or 775.083, F.S.)

Please contact the Early Learning Coalition Family Services Department at 561-514-3300 if you have any questions.

Signature: _____

Date: _____

