



Cash Jobs/Self-Employed Business Ledger

EMPLOYEE NAME: _____ WEEK OF: _____ SOCIAL SECURITY #: _____

M O N D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____
T U E S D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____
W E D N E S D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____
T H U R S D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____
F R I D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____
S A T U R D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____
S U N D A Y	CUSTOMER NAME AND JOBS PERFORMED	From Time:	To Time:	Hrs Wrk/ Daily Income
				Hrs. Worked: _____
				Daily Income: _____
				Employee Initial: _____

** Make as many copies as needed.*

"I affirm that I worked the hours listed above and did the duties listed above for the amount listed above. I affirm everything I have stated is true and factual and I understand if found to be untrue, I could be ineligible for child care services and my information could be turned over to the State Attorney's Office for possible prosecution."
Initial copy must be notarized and signature on each page constitutes acknowledgement of this statement is affirmed on all pages

Total Weekly Hrs: _____
Total Weekly Income: _____

EMPLOYEE _____ JOB TITLE: _____ DATE: _____
 SIGNATURE: _____

Notary Signature: _____
Notary Date: _____ **Notary Stamp/Certification:** _____