SPOKANE DISTRICT DENTAL SOCIETY FOUNDATION
P.O. Box 4432 Spokane, Washington 99220 • Phone: 847-3450

Self-Employment Income Reporting Form

(complete only if self-employed)

Along with this completed form you must enclose *(copies only-originals will not be returned):*

1. A copy of your most recent business and personal **tax** return(s), **including** all forms and schedules.
2. The most recent **3 months'** business and personal **bank** statements.

Business Name:	
Name(s) of business owner(s)	
Washington State Unified Business Identifier (UBI) #	Check box if no UBI # ☐
Name of Applicant to Project Access	**Birth date:**
Date business began:	Total number of months in business:
Type of business (check one) ☐ Rental(s) ☐ C-Corporation ☐ LLC	
☐ Sole proprietor ☐ S-Corporation ☐ Partnership	
Percent of business owned by you and your spouse %	
Months you are reporting (most recent 3 mons.) **From:** / /20 **Through:** / /20	
Income *Gross receipts, sales, or rental income* **Total for this period:**	
Expenses *Business-related only*	
Merchandise and materials	
Gross wages paid to employees (less employment credits)	
Employer's payroll-related taxes/benefits	
Advertising/other promotional	
Car and truck	
Commissions/management fees	
Insurance	
Interest—Other	
Interest—Mortgage	
Legal and professional fees	
Rent or lease of vehicles, machinery, equipment	
Rent or lease of other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses	
Travel, meals, and entertainment	
Utilities	
Other (list purpose and amounts)	
TOTAL BUSINESS EXPENSES	
TOTAL NET PROFIT (OR LOSS)	