

SELF-EMPLOYMENT PROFIT AND LOSS STATEMENT

This ledger is for the purpose of documenting self-employment income to meet income verification requirements to qualify for premium tax credits through CoverME.gov, Maine's Health Insurance Marketplace. Healthcare.gov defines a self-employment ledger as "Any accurate, detailed record of your self-employment income and expenses. It can be a spreadsheet, a document from an accounting software program, a handwritten "ledger" book, or anything that records all self-employment income and expenses."

Self-Employed Individual's Name: _____ **Client ID/SSN:** _____

Year Reported: _____

Hours Worked and Gross Earnings												
	January		February		March		April		May		June	
Week	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$
One												
Two												
Three												
Four												
Five												
TOTALS												

Costs for self-employment vehicles						
	January	February	March	April	May	June
Gas						
Oil						
Repairs						
Tires						
# of miles						
TOTALS						

Business Related Expenses						
	January	February	March	April	May	June
Wages for Employees						
Soc. Sec. Tax (FICA)						
Ins./Work. Comp.						
Rent						
Telephone						
Utilities						
*Supplies						
*Merchandise						
*Postage/Freight						
*Advertising						
*Repairs						
**Loan Interest						
***Others						
TOTALS						

Hours Worked and Gross Earnings												
	July		August		September		October		November		December	
Week	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$	Number of Hours	Gross \$
One												
Two												
Three												
Four												
Five												
TOTALS												

Costs for self-employment vehicles												
	July		August		September		October		November		December	
Gas												
Oil												
Repairs												
Tires												
# of miles												
TOTALS												

Business Related Expenses												
	July		August		September		October		November		December	
Wages for Employees												
Soc. Sec. Tax (FICA)												
Ins./Work. Comp.												
Rent												
Telephone												
Utilities												
Supplies												
Merchandise												
Postage/ Freight												
Advertising												
Repairs												
Loan Interest												
Others												
TOTALS												

Cost of Goods Sold

Inventory Beginning of year:	\$
Inventory At End of year:	\$
Cost of Items Used for Personal Use:	\$

I state that the information given is true to the best of my knowledge.

Signature

Date