TA/FS 1886

ST. LAWRENCE COUNTY
DEPARTMENT OF SOCIAL SERVICES
JOSEPH L. SEEBER, Commissioner
6 JUDSON STREET
CANTON, NEW YORK 13617-1196
PHONE 315-379-2111
FAX 315-379-2392

NAME:_____ **CASE #:**_____

For odd jobs or business enterprises in operation less than a year, the income is averaged over the time period the venture has been in operation. The monthly amount is projected for the coming year. If the venture has been in operation for such a short time that there is not data to make a reasonable projection, we ask that you keep these logs in order for this agency to determine your on-going eligibility.

MONTH_____ **SELF EMPLOYMENT LOG**

DATE	WHO OR WHAT WORKED FOR	# OF HOURS	AMT PAID	ITEMIZED EXPENSES (with receipt upon request)	NET PROFIT

It is a crime punishable as a <u>CLASS A MISDEMEANOR</u> under the laws of the State of New York, pursuant to Section 210.45 of the Penal Law to knowingly make a false statement.

SIGNATURE:_____ **DATE:** _____

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