



EARLY LEARNING AND CHILD CARE SUBSIDY
SELF-EMPLOYED FINANCIAL INFORMATION

Last name		First name	
Name and address of business			
Income information for the period from: _____ to: _____ (must be at least three months)			
Income			
Sales (gross sales less cost of goods)	\$	Other self-employment income (specify)	\$
Contracts	\$	Other:	\$
Service	\$	Other:	\$
Expenses			
Advertising costs	\$	Owner draws	\$
Accounting and/or legal fees	\$	Dividends paid	\$
Delivery/express/freight charges	\$	Gross wages (employees other than self)	\$
Business insurance	\$	Wages (spouse, if applicable)	\$
Maintenance and repairs	\$	Employee benefits (WCB, EI, CPP)	\$
Electricity	\$	Employer portion (WCB, EI, CPP)	\$
Heating/fuel/water/sewer (utilities)	\$	Other materials /supplies	\$
Telephone	\$	Insurance	\$
Office expenses	\$	Gas receipts	\$
Taxes – property	\$	Vehicle repairs	\$
Taxes – business	\$	Vehicle licence fees	\$
Business licence	\$	Other:	\$
Rent on business property (indicate to whom paid)	\$	Other:	\$
		Other:	\$
		Other:	\$
Net income calculation			
Total income	\$		
Total expenses	\$		
Net income	\$		

I CERTIFY that the above information is accurate and presents fairly my self-employed income and expenses.

Signature of applicant _____

Date YYYY/MM/DD

Signature of accountant _____

Date YYYY/MM/DD

Only needed if gross income exceeds \$75,000 for the year.

The personal information is used and collected under the *Child Care Act* and the *Access to Information and Protection of Privacy Act* and is used for the purposes of determining eligibility for programs offered by Early Learning and Child Care. Questions on how this information is used, disclosed, and collected should be directed to, Early Learning and Child Care Unit, Education at 867-667-3492 or toll-free at 1-800-661-0408 extension 3492, or in writing E-23 Box 2703, Whitehorse, Yukon, Y1A 2C6.