



Self-Employment Attestation of Income

Section E: Income Attestation

Please note: The use of this form will take longer and require more investigation to determine your eligibility in the program.

Owner Name: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

Please provide a brief description of your business (type of work, product sold, service provided, hours of operation, where business is conducted, etc.)

Please describe the impact COVID-19 had on your business.

Please complete the following table indicating income and expenses for your business.

	Revenue	Expenses
January, 2020	\$	\$
February, 2020	\$	\$
March, 2020	\$	\$
April, 2020	\$	\$
May, 2020	\$	\$
June, 2020	\$	\$
July, 2020	\$	\$
August, 2020	\$	\$
September, 2020	\$	\$
October, 2020	\$	\$
November, 2020	\$	\$
December, 2020	\$	\$
January, 2021	\$	\$
February, 2021	\$	\$
March, 2021	\$	\$
April, 2021	\$	\$
May, 2021	\$	\$
June, 2021	\$	\$
July, 2021	\$	\$
August, 2021	\$	\$
September, 2021	\$	\$
October, 2021	\$	\$
November, 2021	\$	\$
December, 2021	\$	\$

**By law, you are required to keep adequate records. What type of records do you maintain to verify business income and expenses? (Check all that apply)
(Please Submit Copies of Records)**

- ☐ Accounting Records/Computer Records/Business Bank Accounts
- ☐ Quarterly Tax Returns
- ☐ Other _____

By signing below, I acknowledge and understand that providing a written false statement which I do not believe to be true is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

Owner Signature: _____ Date: _____