

**SELF-EMPLOYMENT BUSINESS DETAIL**

(To be completed by Household members who are self-employed)

**Required Documentation:**

- Copies of Town of Telluride or TMV business licenses and professional licenses (if applicable)
- Business' tax return for the previous year and 1099s if applicable.
- Verification of income - Third-party verification from an outside accounting firm in the form of payroll reports is preferred. If not possible, SMRA will require documentation supporting the hours and income reported below which may include but is not limited to: invoices, ledgers, and logs of client contacts to include locations, dates, times, services rendered, and hours worked. Client Verification of Income and Hours for Self Employed is required if documentation of hours and income is not conclusive.

SELF-EMPLOYED HOUSEHOLD MEMBER NAME	TOWN OF TELLURIDE BUSINESS LICENSE NO.
NAME OF BUSINESS	DATE BUSINESS BEGAN
LOCAL BUSINESS ADDRESS	DATE BUSINESS ENDED (OR N/A)
NATURE OF BUSINESS (NARRATIVE)	
EARNINGS My total income from this work for the reporting period is \$ _____, of which \$ _____ was earned from Presence Required Employment. The amount above accounts for \$ _____ in reasonable, documented, business expense deductions	
HOURS In _____ of the previous twelve (12) months, I have worked a minimum of forty (40) hours during the month of Presence Required Employment for this business.  I worked _____ HOURS in the prior 12 months for this business, _____ of which were Presence Required Employment and _____ of which Employee did not need to be present in the Telluride R-1 School District to perform work. EXCLUDE redeemed PTO and unpaid on-call hours.	

**SWORN STATEMENT OF SELF-EMPLOYMENT CERTIFICATION**

Under penalty of perjury, I, the undersigned, declare that all information contained above is true, complete, and correct to the best of my knowledge and belief, and attest that any additional documentation submitted upon request shall be true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF COLORADO ) ss.  
COUNTY OF SAN MIGUEL )

Acknowledged, subscribed, and sworn to before me this \_\_\_ day of \_\_\_\_\_, 202\_\_ by \_\_\_\_\_.  
WITNESS my hand and official seal.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public