

## STATEMENT OF SELF EMPLOYMENT INCOME

This is an Official Government Record. False or incomplete information given on this form may result in criminal action being taken under Sections 31.04 and 37.10, or other sections of the Texas Penal Code.

Please complete this form if no Individual Income Tax Return (Form 1040/1040A) was filed.

<b>Name</b>	
<b>Occupation</b>	
<b>Monthly Income Estimate</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**This document contains protected and confidential patient health information. This document must be secured at all times while in use and must be immediately disposed of in the blue recycling bin when you are done using the document.**

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