



MONTHLY SUMMARY REPORT

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance Office.

For the Month of	[specify]	Year	Case #
			SR #

Summary of Business Income Less Expenses and Deposits to the Cash Asset Account

Total Gross Business Income	(A)		
Total Operating Expenses and Renovations	(B)		
Total Deposits to the Cash Asset Account	(C)		
Subtotal of Expenses and Depos	(B plus C) = (D)		
Net Business Income	(A minus D) = (E)		

Note: Report Net Business Income (E) as earned income on your HR0081.
If (E) is a negative number or zero, do not report as earned income.

Signature of Client	Please Print	Date (YYYY MMM DD)
---------------------	--------------	--------------------

Signature of Contracted Service Provider	Please Print	Date (YYYY MMM DD)
--	--------------	--------------------