

Calculating Hourly Wage

New provider that does not receive regular salary payments and has not yet reported income taxes. To determine your hourly wage please complete the information below and attach this completed form to your CSC STAR Award application.

NAME: _____ PROVIDER ID: _____

Month _____, 20__

MONTHLY INCOME

Tuition/ Parent fees	
ELC (SR and CSC Subsidy Payments)	
Food Program	
Other Fees	
TOTAL INCOME RECEIVED	\$

MONTHLY EXPENSES

Mortgage/Rent *	
Utilities *	
Repairs and Maintenance*	
Telephone	
Insurance	
Cleaning supplies	
Food for program use	
Educational supplies	
Advertising	
Professional Development	
License fees	
Other expenses	
TOTAL EXPENSES PAID	

*Expenses allocated by business use percentage.

TOTAL

INCOME MINUS EXPENSES	\$
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HOURS WORKED

Time Open	
Time Closed	
Additional hours worked daily	
TOTAL HOURS PER DAY	

DAYS FOR THE MONTH

TOTAL DAYS OPEN FOR THE MONTH	
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CALCULATION OF HOURLY WAGE

INCOME TOTAL	\$
TOTAL HOURS FOR THE MONTH (HOURS X DAYS)	
HOURLY WAGE (INCOME DIVIDED BY TOTAL HOURS)	\$

ELC ONLY
ELC STAFF: _____
DATE: _____

I _____ attest that this is an accurate calculation of my hourly wage income, worked as the owner/operator of _____.

(Signature)

(Printed Name)

(Date)