If you are self-employed, working from home, or have secondary employment, please complete this side

work s	tatus, etc	·		~~ ~~							
(1) Form of	Form of business			□Uperated by self □Uperated by spouse □Uperated by relatives □ 0ther							
(2) Industry and job content			(Specifically)								
(3) Workplac	□Workplace and residence are the same □Workplace and residence are adjoining □Workplace and residence are separate										
(4) Househo during work	□Cleaning □Clothes washing □Cooking □Shopping □Other () Total: () hours and () minutes per day □Not involved with household chores										
(5) Pay	□Turnover/sales-dependent □Fixed income (withholding certificate □yes □no) □Calculated according to number of days worked □Calculated according to number of hours worked □Other (specifically										
(6) Income	□Tax return submitted □Income withheld at source □Not yet reported □Other (
	e of work	_		_							
0:00 01:00	02:00 03	:00 0	4:00	05:00 (06:00 (07:00	08:00	09	:00 1	0:00 11	
12:00 13:00	14:00	15:00	16:00	17:00	18:00	19:0	0 20	0:00	21:00	22:00	
15700				.,,,,,	.3.00	, 5 - 0			200	11.00	
Outline of work week (complete if your schedule varies according to the day of											
	Mond	aay	Tuesday	Wednes	sday I	hursday	Frid	ay	Saturda	У	
Morning											

*If you are self-employed, work from home, or have a second job and you are unable to submit evidence documents such as pay statements, please submit the following documents.

- Schedule (showing hours worked in a day)
- · Copy of notification of opening of business

- Copy of employment contract

Afternoon

- Copy of tax return
- Evidence of payment (copy of bank passbook, etc.)