



## SCHEDULE C FORM

### TAXPAYER INFORMATION

TAXPAYER NAME	DATE
BUSINESS	SS#
TOTAL INCOME \$	TOTAL EXPENSES \$

### BUSINESS NAME

### CIRCLE ONE

CHILD CARE SERVICES	STYLIST
HOUSEKEEPING	ENTERTAINMENT
JANITORIAL SERVICES	NAILS TECH
CONSTRUCTION	MAKEUP ARTIST
LANDSCAPING	OTHER

### LIST OF EXPENSIVES

	MONTHLY	YEARLY
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

### Other expenses

Taxpayer Signature

Date