



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