Logo

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# 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_