

# 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

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