



PLEASE READ (SCHEDULE C FORM) USE ONLY WHAT APPLIES TO YOU

******CIRCLE ONE******

LLC OR SOLE PROPRIETORSHIP/DBA OR SIDE JOB

TAXPAYER NAME:	DATE:	
BUSINESS NAME:	SSN# or business EIN:	
BUSINESS ADDRESS:	CITY & STATE:	ZIP CODE:
TOTAL INCOME: \$	TOTAL EXPENSES: \$	

BUSINESS SERVICE

SELECT ONE

CHILD CARE SERVICES	STYLIST/COSM/ETC
HOUSEKEEPING	ENTERTAINMENT
EVENT PLANNING/DECORATIONS/ETC	BOUTIQUE/RETAIL/ETC
CONSTRUCTION	MECHANIC/ETC
LANDSCAPING	REAL ESTATE
FOOD SERVICE/CATERING	OTHER (Please specify)

EXPENSES (YEARLY)

Advertising	\$	Supplies	\$	Contract Labor	\$
Repair & Maintenance	\$	Utilities	\$	Legal & Professional Services	\$
Travel	\$	Meals & Entertainment	\$	Taxes & Licenses	\$
Office Expense	\$	Commission & Fees	\$	Rent or Lease of equipment or property	\$

Other Expenses:

Signature _____

Date _____