



Fairfax County Office for Children
School Age Child Care
 12011 Government Center Pkwy., Suite 936, Fairfax, VA 22035
 Phone: 703-449-8989 • Fax: 703-653-1304

Self-Employment Information Form

**This form is to be completed by the parent/guardian if self-employed for less than 12 months.
 Please include a copy of the business license or application for a business license.**

Parent/Guardian's Name: _____ Child's Name: _____

SACC Account #: _____ Home Phone: _____ Cell Phone: _____

Business ID: _____ Business Name: _____

Business Location: _____

Number of months in operation*: _____
 *to be used in calculations below

GROSS INCOME

1. **Year-to-Date Total Gross Income** [all revenue before expenses] Line A \$ _____
2. **Total Gross Income per month:**
 Line A ÷ (divided by) number of months in operation [*see above] Line B \$ _____
3. **Yearly Gross Income:** Line B x (multiplied by) 12 months Line C \$ _____

EXPENSES

Include expenses that are accepted by the IRS (refer to IRS Form 1040, Schedule C).
 [Receipts may be required.]

4. **Year-to-Date Total Expenses** Line D \$ _____
5. **Total Expenses per month:**
 Line D ÷ (divided by) number of months in operation [*see above] Line E \$ _____
6. **Yearly Expenses:** Line E x (multiplied by) 12 months Line F \$ _____

ANNUAL NET INCOME

7. **Net Income:** Line C – (minus) Line F [Income minus Expenses] Line G \$ _____

I certify that this is a true and accurate financial statement of my business. I will notify SACC Registration within 10 business days of any change in the above information.

 Signature

 Date

