



FAIRFAX COUNTY

DEPARTMENT OF FAMILY SERVICES
Office for Children School Age Child Care
12011 Government Center Pkwy. – Suite 936
Fairfax, VA 22035 703-449-8989
FAX 703-653-1304
www.fairfaxcounty.gov/ofc

SELF-EMPLOYMENT INFORMATION FORM (self-employed less than 12 months)

Parent's Name _____ Child(ren)'s Name(s) _____

Name of Business _____ Home Phone _____ Cell _____

Business Address _____ Business Phone _____

SACC Account # _____ Length of Time in Business _____

INCOME

1. Year-to-Date Total Gross Income (all revenue before expenses) \$ _____

2. Total Gross Income calculation for 12 months
(line 1 divided by number of months in operation) x 12 \$ _____

EXPENSES

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

3. Year-to-Date Total Expenses \$ _____

4. Total Expenses calculation for 12 months
(line 3 divided by number of months in operation) x 12 \$ _____

NET INCOME

5. Total Gross Income minus Total Expenses (subtract line 4 from 2) \$ _____

I certify that I work a minimum of 30 hours per week, and that this is a true and accurate financial statement of my business. I will notify SACC Registration of any change in the above information.

Signature

Date



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Family Services

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Reasonable accommodations made upon
request; call 703-449-1414 or TYY 711.

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