



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

www.fairfaxcounty.gov/familyservices/office-for-children/sacc

SELF-EMPLOYMENT INFORMATION FORM

This form is to be completed by the parent if they have been self-employed for less than 12 months.

Please include a copy of the business license or application for a business license.

Parent's Name: _____ Child's Name: _____

Name of Business: _____ Home Phone: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

SACC Account #: _____ 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 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 within 10 business days.

Signature

Date



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

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