



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

