

Business Income Form

| Student's Name: | 855#: |
|--|---|
| According to the 2019 IRS form 1040 Schedul | e 1: Additional Income & Adjustments to Income submitted, |
| v v | e 3. Please complete the form below and attach Schedule C from the |
| 2019 1040s. | e o. I seuse comprese une jorne ceso a una usuaen Benedule Egrone une |
| Business Income or Loss (1040 line 3 | , of IRS form 1040 Schedule 1: Additional Income & |
| Adjustments to Income) | |
| o \$ | |
| Business Name | |
| 0 | |
| Nature of Business | |
| | |
| | |
| | |
| Business Address | |
| 0 | |
| | |
| Number of Employees (If you do not | have any employees please put a zero in the space |
| provided.) | |
| 0 | |
| I certify that the information provided abo | ove is correct and complete to the best of my (our) knowledge. |
| Parent Signature: | Date: |





Business Income Form

Student's Name: <u>John Doe</u> 855#: <u>080808</u>

According to the 2019 <u>IRS form 1040 Schedule 1: Additional Income & Adjustments to Income</u> submitted, "<u>Business Income or Loss</u>" was reported on **line 3**. Please complete the form below and attach **Schedule C** from the 2019 1040s.

- Business Income or Loss (1040 line 3, of IRS form 1040 Schedule 1: Additional Income & Adjustments to Income)
 - o \$<u>12,000</u>
- Business Name
 - o No business name-independent contractor
- Nature of Business
 - o Cab Driver



Date: 9/15/20

- Business Address
 - o 300 Pompton Road, Wayne, NJ 07470
- Number of Employees (If you do not have any employees please put a zero in the space provided.)

o <u>0</u>

I certify that the information provided above is correct and complete to the best of my (our) knowledge.

Parent Signature: John Doe Sr.

