



227 West 27<sup>th</sup> Street  
New York, NY 10001-5992  
Room A212A

Financial Aid Services  
Tel. (212) 217-3560  
Fax. (212) 217-3561  
[fitnyc.edu/fadocsupload](https://fitnyc.edu/fadocsupload)

Student's Name \_\_\_\_\_ FIT ID# @ \_\_\_\_\_  
(Please Print)

Name of Household Member Filling Out Form \_\_\_\_\_

## 2026 - 2027 Self-Employment Form

Student, Spouse (if applicable) and each parent of a dependent student in the household who earned income from work without receiving a W-2 form or received a 1099 form for work and did not file a tax return must submit this form.

**Household Employee:** A household employee is hired to do household work where the employer determines what and how work is to be done. Some examples of household employees include babysitters, housekeepers, and gardeners. A household employee must file a tax return if they earned more than \$2,600 from a single employer even if they did not receive a W-2 form.

**Were you a household employee who earned less than \$2600 from a single employer in 2024?  
(Circle Yes or No)    Yes / No**

**If “Yes”, skip section below, sign, date and submit form. If “No”, fill out section below, sign, date, and submit form.**

**Self-Employed:** If you earned more than \$400 in 2024, did not receive a W-2 form or received a 1099 form for work, you are considered self-employed and must fill out the section below. If the net profit that you earned (your gross income, minus work expenses) was over \$400, then you were required to file a tax return (see IRS Publication 17).

1. Total Income Earned from Self-Employment in 2024: \_\_\_\_\_
2. Deductible Expenses from Self-Employment in 2024: \_\_\_\_\_
  - a. Note: Deductible Expenses can include Advertising, Car Expenses, Insurance, Legal and professional services, Office expenses, Supplies, Utilities, and other expenses (see IRS Schedule C).
3. Net Profit from Self-Employment (subtract line 2 from line 1): \_\_\_\_\_

**By signing this form, I certify that all of the above information is true and complete to the best of my knowledge.**

\_\_\_\_\_  
**Print Name of Household Member Filling Out Form**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Household Member Filling Out Form**  
(Typed signatures are not accepted.)

\_\_\_\_\_  
**Date**

Documents should be uploaded to the “**Financial Aid Document Upload**” link on the FIT portal [Myfit.fitnyc.edu](https://myfit.fitnyc.edu). For directions on how to upload documents to this link, go to [fitnyc.edu/fadocsupload](https://fitnyc.edu/fadocsupload).