



Business/Farm Supplement School Year 202 -2

Student's Name: _____

CBFINAID _____

Instructions for Completing the Business/Farm Supplement

- x Complete one form for each business or farm listed on your financial aid application.
- x Use 2019 information and enter the amounts in U.S. Dollars.
- x Your school may ask for supporting documentation including
 - o U.S. Tax Filers = Form 1040, Schedules C, E, and F, Form 1120(S), Form 1065, as applicable.
 - o Non-U.S. Tax Filers = Income certification Resident Tax Forms
- x Business owners complete pages 1, 2 and 3.
- x Farm owners complete pages 1, 4 and 5.

International Applicants:

Indicate Exchange rate used: _____ Date of Exchange _____

Business/Farm Information

1. Name of Business Farm (check one) _____

2. Location of Business/Farm (provide actual location, not mailing address if different):

3. Date Business Commenced or Farm Purchased: _____

4. Describe Product or Service: _____

5. Type of Business/Farm: Sole Proprietor Partnership Corporation Other

6. Number of Employees: _____

7. Owners/Partners List all owners/partners, including parent(s) and grandparents, along with percentage of ownership and relationship to student. If another business owns a percentage, make sure it is listed below. If there are more than three additional owners, please list on a separate page.

Name of owner/partner _____ %

Name of owner/partner

Name of owner/partner

o X Is this business part of your home? Yes No

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