

BUSINESS/FARM SUPPLEMENT

School Year 2017-18

Name of Business or Farm			
Student's Last Name	Student's First Name	M. I.	Social Security Number
Name of parent owner(s)			Percentage of ownership
Owner(s)' relationship to studen	t – select all that apply: 🔲 Father 🔲	Mother 🔲 N	oncustodial Parent 🔲 Student 🔲 Other
 This form should be comple Use your 2015 and 2016 IRS businesses), Form 1065 and forms have not been comple provide copies of your tax re If the Business/Farm Supple statements, cash flow state Don't include your home valing a financial question does not important: If a business under \$10,000, explain on ar Business/Farm Information 	eted, estimate as accurately as possible. sturns, including your corporate and parti ment has been requested by your institu ments, or tax returns instead, unless spa- ue on the Business/Farm Supplement. not apply to you, write 0. Do not leave que or farm is a major source of family support and additional sheet how basic family expe-	orm. Schedules C cable, to com A financial a nership tax re ution, don't su ecifically direct restions blank ort but no sala nses are met	t, D , and F , Form 1120 (incorporated inplete this form. For any year for which tax id administrator at your college may ask you to turn(s). Jobard balance sheets, profit and loss sted by your institution. The unless the instructions tell you to do so, aries are reported and business net profit is
Location of Business/Farm (pr	ovide actual location, not mailing addres	s if different):	
Street Address	City/Township/County		State Zip Code
2. Date Business Commenced or	Farm Purchased:		
3. Principle Product or Service:			
4. Type of Business/Farm: 🗖 So	le Proprietor 🔲 Partnership 🔲 Co	rporation - Co	prporation type:
5. Number of Employees:			
below. If there are more than three	t(s) have non-parent partners, provide na additional owners, provide information i	ame, relations n Remarks or	%
Name of owner/partner			Percentage of ownership
Relationship to parent owner	-		
Name of awar/partner			
Name of owner/partner			Percentage of ownership
Relationship to parent owner			N.
Name of owner/partner			Percentage of ownership
Relationship to parent owner			

		Studen	t ID or SSN:
Business Only			
7. Monthly mortgage payment on the busine	ess \$		•
8. Is this business part of your home? Ye	s 🔲 No If yes, what	percentage of home is	claimed for business use?%
Business - Income and Expenses Enter amounts for the full year (January 1 throug	h December 31)		
9. Business Income	2015	2016	
Gross receipts of sales less returns and allowances	\$	\$	
 b. Cost of goods sold and/or operations (Don't include salaries paid to yourself, your dependents or others, or any item listed below.) 	\$	\$	
c. Gross profit (Line 9a minus 9b)	\$	\$	
d. Other business income	\$	\$	
e. Total Income (Add 9c and 9d)	\$	\$	

10. Business Deductions (Don't include any amount entered in 9b above.)	2015	2016
a. Depreciation	\$	\$
b. Interest expense	\$	\$
c. Rent on business property	\$	\$
d. Parents' W-2 wages from this business	\$	\$
e. Salaries and wages paid to other family members (not the parent) employed in the business. Name and Relationship:		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
f. All other salaries and wages	\$	\$
g. Other business expenses (Itemize on a separate sheet any single item over \$1,000.)	\$	\$
h. Total Deductions (Add 10a-g)	\$	\$

11. Net Profit (or Loss)	2015	2016	Estimated 2017
a. Net profit (or loss) (9e minus 10h)	\$	\$	\$
b. Your share of net profit (or loss) (Multiply 11a	\$	\$	\$
by your percentage of ownership.)	_		

		Student II	D or SSN:
Farm Only			
12. Monthly mortgage payme	nt on the farm \$		
13. Do you live on this farm?			
14. Total Acres Owned	Market value per acre	Number of acres owned	Number rented to others
a. Tillable land	\$		
b. Non-tillable land	\$		
c. Woodlands and waste	\$		
d. Agricultural reserve	\$		
e. Total Acres (Add 14a-d)			

Farm - Income and Expenses

If farm income is reported on an accrual basis, the required information can be found on IRS Form 1040, Schedule F, Part III. In this case, disregard questions 15 a-c below and begin your entries with Gross Income in question 15d.

If you have gains or losses from the sale or exchange of livestock and/or farm machinery, report the full amount of such gains or losses in 17b below. Don't include in this question gains or losses arising from the sale or exchange of other property, as reported on your IRS Form 1040, Schedule D.

15. Farm In∞me	2015	2016
a. Profit (or loss) on sales of livestock and other items purchased for resale	\$	\$
b. Sales of livestock and produce raised	\$	\$
c. Other farm income	\$	<u>\$</u>
d. Gross Income (Add 15a-c)	\$	\$

16. Farm Expenses	2015	2016
a. Farm deductions less depreciation	\$	\$
b. Depreciation	\$	\$
c. Total Expenses (Add 16a and b)	\$	\$

17. Net Profit (or Loss)	2015	2016	Estimated 2017
a. Net farm profit (or loss) (15d minus 16c)	\$	\$	\$
b. Farm-Related Capital Gains (or Losses) from sale or exchange of livestock and farm machinery	\$	\$	\$
c. Net Profit (or Loss) (Add 17a and 17b)	\$	\$	\$
 b. Your share of net profit (or loss) (Multiply 17c by your percentage of ownership.) 	\$	\$	\$

Student ID	or SSN:	

Business/Farm Assets

Column C should reflect the fair market value of the business or farm (a reasonable estimate of what each asset is worth and could be sold for). Filers of IRS Form 1120, 1120S, or 1065 should refer to Schedule L to complete columns A and B. If you don't file any of these IRS forms, you may leave columns A and B blank.

Answer all questions in this section based on tax year 2015

	Column A	Column B	Column C
18. Current Assets	Book Value at Beginning of Tax Year	Book Value at End of Tax Year	Fair Market Value at End of Tax Year
a. Cash and short-term investments	\$	\$	\$
b. Receivables (total)	\$	\$	\$
c. Allowance for bad debts	\$	\$	\$
d. Inventories	\$	\$	\$
e. Other current assets not included above (Do not include loans to partners or shareholders.)	\$	\$	\$
f. Total current assets (Add 18a, b, d, and e, then subtract 18c)	\$	\$	\$

19. Fixed Assets	Book Value at Beginning of Tax Year	Book Value at End of Tax Year	Fair Market Value at End of Tax Year
a. Land	\$	\$	\$
b. Buildings (purchase price)	\$	\$	\$
c. Machinery and equipment (purchase price)	\$	\$	\$
d. Other fixed assets	\$	\$	\$
e. Total fixed assets (Add 19a-d)	\$	\$	\$

20. Fixed Assets - Depreciation	Accumulated Depreciation at Beginning of Tax Year	Accumulated Depreciation at End of Tax Year
a. Accumulated depreciation on buildings	\$	\$
 b. Accumulated depreciation on machinery 	\$	\$
c. Total depreciation (Add 20a and b)	\$	\$

21. All Other Assets	Book Value at Beginning of Tax Year	Book Value at End of Tax Year	Fair Market Value at End of Tax Year
a. Total loans to partners or shareholders	\$	\$	\$
Itemize by partner or shareholder – Names:			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
 b. Loans to others (not partners or shareholders) 	\$	\$	\$
c. All other assets	\$	\$	\$
d. Total other assets (Add 21a-c)	\$	\$	\$

22. Total Assets	Book Value at Beginning of Tax Year	Book Value at End of Tax Year	Fair Market Value at End of Tax Year
a. Total assets (Add 18f, 19e, and 21d)	\$	\$	\$
b. Your share of total assets (Multiply line 22a by your percentage of ownership.)	\$	\$	\$

Student ID or SSN: _	
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Business/Farm Liabilities

Answer all questions in this section based on tax year 2015

23. Liabilities	Beginning of Tax Year	End of Tax Year
a. Accounts payable	\$	\$
b. Other current debts	\$	\$
c. Total current debts (Add 23a and b)	\$	\$

24. Long-Term Liabilities (Don't include any amount listed above.)	Beginning of Tax Year	End of Tax Year
Mortgages on land and buildings (Don't include home mortgages.)	\$	\$
b. Debts secured by equipment	\$	\$
c. Total loans from partner(s) or shareholder(s)	\$	\$
Itemize by shareholder – Names:		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
d. Other debts	\$	\$
e. Total long-term debts (Add 24a-d)	\$	\$

25. Total Liabilities	Beginning of Tax Year	End of Tax Year
a. Total liabilities (Add 23c and 24e)	\$	\$
b. Your share of total liabilities (Multiply line 25a by your	\$	\$
percentage of ownership.)		

Remarks

Use this space to explain any special circumstances. If more space is required, include a letter with this form.

Signatures

Parent 1's signature	Date Completed
Parent 2's signature	Date Completed

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